



**Notice of a public meeting of  
Corporate Services, Climate Change and Scrutiny Management  
Committee (Calling In)**

- To:** Councillors Fenton (Chair), Merrett (Vice-Chair), Ayre, B Burton, Coles, Crawshaw, Healey, Melly, Rose, Rowley, Waller, Widdowson and Whitcroft
- Date:** Monday, 4 November 2024
- Time:** 5.30 pm
- Venue:** West Offices - Station Rise, York YO1 6GA

**AGENDA**

**1. Apologies for Absence**

To receive and note apologies for absence.

**2. Declarations of Interest** (Pages 1 - 2)

At this point in the meeting, Members and co-opted members are asked to declare any disclosable pecuniary interest, or other registerable interest, they might have in respect of business on this agenda, if they have not already done so in advance on the Register of Interests. The disclosure must include the nature of the interest.

An interest must also be disclosed in the meeting when it becomes apparent to the member during the meeting.

[Please see attached sheet for further guidance for Members]

**3. Minutes** (Pages 3 - 8)

To approve and sign the minutes of the meeting held on 12 August 2024.

#### **4. Public Participation**

At this point in the meeting members of the public who have registered to speak can do so. Members of the public may speak on agenda items or on matters within the remit of the committee.

**Please note that our registration deadlines have changed to 2 working days before the meeting, in order to facilitate the management of public participation at our meetings. The deadline for registering at this meeting is 5:00pm on Thursday, 31 October 2024.**

To register to speak please visit [www.york.gov.uk/AttendCouncilMeetings](http://www.york.gov.uk/AttendCouncilMeetings) to fill in an online registration form. If you have any questions about the registration form or the meeting, please contact Democratic Services. Contact details can be found at the foot of this agenda.

#### **Webcasting of Public Meetings**

Please note that, subject to available resources, this meeting will be webcast including any registered public speakers who have given their permission. The meeting can be viewed live and on demand at [www.york.gov.uk/webcasts](http://www.york.gov.uk/webcasts).

During coronavirus, we made some changes to how we're running council meetings. See our coronavirus updates ([www.york.gov.uk/COVIDDemocracy](http://www.york.gov.uk/COVIDDemocracy)) for more information on meetings and decisions.

#### **5. Called-in Item: Community contracts to support early intervention and prevention in Adult Social Care (ASC)** (Pages 9 - 104)

This report outlines the reasons for the call-in of the decision made by the Executive on 10 October 2024, in respect of the Community Contracts to support early intervention and prevention in Adult Social Care (ASC).

The report also sets out the powers and role of the Corporate Services, Climate Change and Scrutiny Management Committee (Calling-In) in dealing with the call-in.

#### **6. Urgent Business**

Any other business which the Chair considers urgent under the Local Government Act 1972.

## Democracy Officer:

Jane Meller

Telephone: 01904 555209

E-mail: jane.meller@york.gov.uk

For more information about any of the following please contact the Democratic Services Officer responsible for servicing this meeting:

- Registering to speak
- Business of the meeting
- Any special arrangements
- Copies of reports and
- For receiving reports in other formats

Contact details are set out above.

## Alternative formats

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我們也用您們的語言提供這個信息 (Cantonese)

এই তথ্য আপনার নিজের ভাষায় দেয়া যেতে পারে। (Bengali)

Ta informacja może być dostarczona w twoim własnym języku. (Polish)

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

یہ معلومات آپ کی اپنی زبان (بولی) میں بھی مہیا کی جاسکتی ہیں۔ (Urdu)

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### Declarations of Interest – guidance for Members

- (1) Members must consider their interests, and act according to the following:

Type of Interest	You must
Disclosable Pecuniary Interests	Disclose the interest, not participate in the discussion or vote, and leave the meeting <u>unless</u> you have a dispensation.
Other Registrable Interests (Directly Related) <b>OR</b> Non-Registrable Interests (Directly Related)	Disclose the interest; speak on the item <u>only if</u> the public are also allowed to speak, but otherwise not participate in the discussion or vote, and leave the meeting <u>unless</u> you have a dispensation.
Other Registrable Interests (Affects) <b>OR</b> Non-Registrable Interests (Affects)	Disclose the interest; remain in the meeting, participate and vote <u>unless</u> the matter affects the financial interest or well-being: (a) to a greater extent than it affects the financial interest or well-being of a majority of inhabitants of the affected ward; and (b) a reasonable member of the public knowing all the facts would believe that it would affect your view of the wider public interest. In which case, speak on the item <u>only if</u> the public are also allowed to speak, but otherwise do not participate in the discussion or vote, and leave the meeting <u>unless</u> you have a dispensation.

- (2) Disclosable pecuniary interests relate to the Member concerned or their spouse/partner.
- (3) Members in arrears of Council Tax by more than two months must not vote in decisions on, or which might affect, budget calculations,

and must disclose at the meeting that this restriction applies to them. A failure to comply with these requirements is a criminal offence under section 106 of the Local Government Finance Act 1992.

City Of York Council

Committee Minutes

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Meeting	Corporate Services, Climate Change and Scrutiny Management Committee (Calling In)
Date	12 August 2024
Present	Councillors Fenton (Chair), Merrett (Vice-Chair), B Burton, Healey, Melly, Rose, Rowley, Waller, Widdowson, Whitcroft, Fisher (Substitute for Cllr Ayre), J Burton (Substitute for Cllr Coles) and Wilson (Substitute for Cllr Crawshaw)
Apologies	Councillors Ayre, Coles and Crawshaw
In Attendance	Cllr Pavlovic, Executive Member for Housing, Planning and Safer Communities Cllr Lomas, Executive Member for Finance and Major Projects
Officers Present	Pauline Stuchfield, Director, Housing and Communities Patrick Looker, Finance Manager Cathryn Moore, Legal Business Partner (Corporate) and Deputy Monitoring Officer

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#### 6. **Declarations of Interest (5:32 pm)**

At this point in the meeting, Members and co-opted members are asked to declare any disclosable pecuniary interest, or other registerable interest, they might have in respect of business on this agenda, if they have not already done so in advance on the Register of Interests.

None were declared.

#### 7. **Exclusion of Press and Public (5:32 pm)**

Resolved: That the press and public be excluded from the meeting should the exempt Annexe G to the Update on the Housing Delivery Programme and the Disposal of Surplus Sites report be considered, on the grounds that it contains information relating to the financial or

business affairs of any particular person (including the authority holding that information) which is classed as exempt under Paragraph 2 of Part 1 of Schedule 12A of the Local Government Act 1972 (as amended by the Local Government (Access to Information) (Variation) Order 2006.

**8. Minutes (5:33 pm)**

Resolved: That the minutes of the last meeting held on 3 June 2024 be approved as a correct record.

**9. Public Participation (5:33 pm)**

It was reported that there had been one registration to speak at the meeting under the Council's Public Participation Scheme.

The registered speaker was unable to attend the meeting, their comments had been passed to the relevant officer by the Chair.

**10. Called-In Item: Update on the Housing Delivery Programme and the Disposal of Surplus Sites (5:34 pm)**

Members considered a report which set out the reasons for the call-in of the decisions made by the Executive on 18 July 2024 in respect of the above matter, along with the committee's remit and powers in relation to the call-in.

The decisions were contained in the extract from the relevant Decision Sheet at Appendix 1 to the report. The original report and associated annexes B and G were attached at Appendix 2. The decisions had been called in by Cllrs Ayre, Smalley and Knight for the following reasons:

- *Policy Framework - Council Plan Priority e) Housing: Increasing the supply of affordable housing. Paper involves market sale of affordable homes, ie 28 and 45/47 Shambles, reducing both the number and distribution of affordable homes.*  
*Council Plan Priority e) Action 3a) Improve the sustainability and condition of current housing and commercial premises: Review the council's Housing Asset Management Programme to improve the quality of current social housing and to accelerate progress towards our net*



zero commitment. Paper recommends disposing of current social housing, ie 28 and 45/47 Shambles, rather than retrofitting.

- 4a. All alternatives and views of public
  - 2020 Housing delivery update outlined a council-led Castle Mills scheme generating £8.4m surplus into council funds, 106 new homes including 20 affordable homes.
  - 2023 development appraisals raised six options for Castle Mills with a potential variation in income to the council of up to £5m. Executive papers did not provide independent updates on these valuations. The confidential annex included provided no evidence at all of value of any of the parcels of CYC land.
  - Views of public. Local residents, health providers and the voluntary sector have not been consulted on sale of 22 The Avenue. Evidence of significant public interest in this site following call in of previous decision by three existing elected members - Cllr Myers, Cllr Pavlovic and Cllr Wells
    - i. 22, The Avenue is a public asset and should be used to help address the city's housing affordability crisis, through its transfer to the council's Housing Revenue Account;
    - ii. The Executive's decision ignores the opportunity to help to reduce the city's existing housing waiting list;
    - iii. Options should be provided to the Executive as to how 22, The Avenue could be re-developed for housing by the Council and put to beneficial use, rather than being sold off to the private sector to profit from a public asset. Given the time elapsed and change in council plan policy framework detailed options and alternatives should have been considered and public consulted or given the opportunity to comment. No evidence has been provided why council plan policy has been applied to some sites yet others it has not.
  
- 4c. Take account of all matters
  - No business case provided for decisions relating to the sale of any of the following assets including options for delivering affordable housing;
    - 22 The Avenue
    - 28 & 45/47 Shambles
    - Castle Mills
  
- 4d. Act wholly in the interests of the public

*Council budget consultation states “The council is facing an unprecedented financial challenge that demands immediate action. As one of the lowest funded unitary authorities in England, and after more than a decade of budget cuts, with external factors beyond the council’s control, our budget is at breaking point.” The paper does not provide details of the cumulative impact of these council sales which could result in a financial reduction to the taxpayer of between £5m - £10m.*

The Lead Call-in Member, Cllr Ayre, addressed the committee, expanding on their reasons for the call-in and then responding to questions from Members.

The Executive Member for Housing, Planning and Safer Communities and the Executive Member for Finance and Major Projects then addressed the committee regarding the decisions, and responded to questions. Officers responsible for the report to Executive spoke to clarify financial matters and were available to answer questions.

Finally, Cllr Ayre summed up on behalf of the Calling-in Members and the Executive Members summed up the Executive position.

During the above process, it was reported that:

- The sale of the annex to 22 The Avenue had not been considered, as that part of the building remained operationally useful.
- The Shambles flats would be retained on a leasehold due to the historic significance to the city.
- It was not considered financially viable to CYC to get the Shambles flats up to a sufficient standard where they would be suitable for social housing. External constraints due to factors such as the listed building status meant that issues such as access and noise could not be satisfactorily addressed within budget.
- 22 The Avenue and the Shambles properties were General Fund assets, therefore any borrowing would be through the General Fund against the revenue budget.

Under the provisions of the council’s constitution at the time the call-in was made, Members were asked to state individually whether they considered the core principles identified in the call-

in request (Appendix 3) had been breached or not. The following options were available:

- In the event of the majority of Members finding no breach, the call-in request would be immediately closed with no further action unless the Committee identified any areas worthy of future exploration by the scrutiny function.
- In the event of the majority of Members finding a breach, the called in decision would be referred back in full for further consideration at the next appropriate meeting of the Executive.

With five Members finding there had been a breach, and eight Members finding there had not been a breach, the call-in fell and it was:

Resolved: That the call-in request be closed.

Reason: To determine the outcome of the alleged breach in Executive decision making.

Cllr S Fenton, Chair

[The meeting started at 5.31 pm and finished at 7.00 pm].

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**Corporate Services, Climate Change and  
Scrutiny Management Committee (Calling In)****4 November 2024**

Report of the Director of Governance

**Called-in Item: Community contracts to support early intervention and  
prevention in Adult Social Care (ASC)****Summary**

1. This report sets out the reasons for the call-in of the decision made by the Executive on 10 October 2024 in respect of Item 7, Community contracts to support early intervention and prevention in Adult Social Care (ASC). The report also sets out the powers and role of the Corporate Services, Climate Change and Scrutiny Management Committee (Calling-In) in dealing with the call-in.

**Background**

2. An extract from the Decision Sheet published after the Executive meeting of 10 October 2024 is attached as Appendix 1 to this report. This sets out the decisions taken on the called-in item. The original report to the Executive, together with its annexes, is attached at Appendix 2.
3. The decisions have been called in for review by the Corporate Services, Climate Change and Scrutiny Management Committee (Calling-In) by Cllrs Runciman, Vassie and Hollyer, in accordance with the Constitutional requirements, and based on the detailed reasoning set out in Appendix 3 attached.

**Consultation**

4. In accordance with the requirements of the Constitution, the calling-in Members have been invited to attend and/or speak at the calling-in meeting, as appropriate, together with relevant Executive Member(s) and Officer(s).

## **Options**

5. The Committee must follow the practice for dealing with called in business set out in the Scrutiny Procedure Rules in Appendix 5 of the Constitution. After debate and all contributions have been heard, the Chair will invite each Member of the Committee to state whether they consider the core principles identified in the call-in request (Appendix 3) have been breached or not.
6. In the event of a majority of Members finding no breach, the call-in request will be immediately closed with no further action unless the Committee identifies any areas worthy of future exploration by the scrutiny function.
7. In the event of a majority of Members finding a breach, the called in decision will be referred back in full for further consideration at the next appropriate meeting of the Executive.

## **Analysis**

8. Members need to consider any breach specifically identified in the call-in request in relation to the original report to the Executive and the consequential decision made. As stated in the options identified above, the Chair will then guide the Committee on the constitutional requirements for handling the meeting and culminating in the Committee determining its position on any breaches.

## **Council Plan**

9. Any implications associated with the delivery of Council priorities for 2023-2027 are addressed in the original report to the Executive set out in Appendix 2.

## **Implications**

10. There are no known Financial, HR, Legal, Property, Equalities, or Crime and Disorder implications in relation to handling the call-in of the issue under consideration.

## **Risk Management**

11. There are no risk management implications associated with the call-in of this matter.

## Recommendations

12. Members' views are sought on the call-in request and specific breaches identified in Appendix 3.
13. Members should note the decision of the Monitoring Officer at Appendix 3, that the call-in request is determined to be partially valid and only parts 2, 4a(i) and 4c may therefore proceed.

Reason: To enable the called-in matter to be dealt with efficiently and in accordance with the requirements of the Council's Constitution.

## Contact Details

### Author:

Lindsay Tomlinson  
Head of Democratic  
Governance  
[lindsay.tomlinson@york.gov.uk](mailto:lindsay.tomlinson@york.gov.uk)

### Chief Officer Responsible for the report:

Bryn Roberts  
Director of Governance  
Tel: 01904 555385

Report Approved



Date: 21/10/2024

**Wards Affected:** All

**For further information please contact the author of the report**

## Appendices

**Appendix 1** – Extract from the Decision Sheet produced following the Executive Meeting on 10 October 2024, setting out the decisions made on the called-in item.

**Appendix 2** – Report and annexes of the Corporate Director of Adult Services and Integration (DASS) to the Executive Meeting on 10 October 2024, Community contracts to support early intervention and prevention in Adult Social Care (ASC).

**Appendix 3** – Call in Request from Councillors Runciman, Vassie and Hollyer.

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**EXTRACT****Executive****Thursday, 10 October 2024****Decisions**

Set out below is a summary of the decisions taken at the Executive meeting held on Thursday, 10 October 2024. The wording used does not necessarily reflect the actual wording that will appear in the minutes.

Members are reminded that, should they wish to call in a decision, notice must be given to Democratic Services no later than 4pm on Thursday 17 October 2024.

If you have any queries about any matters referred to in this decision sheet please contact Robert Flintoft.

**7. Community contracts to support early intervention and prevention in Adult Social Care (ASC)**

Resolved:

- i. To approve the approach to commission, through a competitive tendered process, the following two services for a period of 3 plus 2 years:
  - a) Advice and Information Service (value £100,000 per annum)
  - b) Supporting Independence Service (value £127,000 per annum)

Reason: The option proposed will comply with CYC's Contract Procedure Rules in terms of completing an open, fair, and transparent process as the market has not been approached since 2017. The procurement procedure is subject to the Light Touch Regime under the Public Contracts Regulations 2015 and will be completed as an Open Procurement Procedure.

The provision of the Advice & Information and Supporting Independence Services ensures the

Council meets the statutory duty under the Care Act 2014 through prevention and delay.

- ii. To delegate authority to the Corporate Director of Adult Services and Integration (“DASS”), in consultation with the Head of Procurement and the Director of Governance to take such steps as are necessary to procure, award and enter into the resulting contracts.

Reason: This will enable the Contract Award to be implemented within the Procurement timescales.



<b>Meeting:</b>	Executive Meeting
<b>Meeting date:</b>	10 <sup>TH</sup> October 2024
<b>Report of:</b>	Corporate Director of Adult services and Integration (DASS)
<b>Portfolio of:</b>	Cllr Lucy Steels-Walshaw, Executive Member for Health, Wellbeing and Adult Social Care

## **Decision Report: Community contracts to support early intervention and prevention in Adult Social Care (ASC)**

### **Subject of Report**

1. The City of York Council's (CYC) Adult Social Care (ASC) has previously had various contracts which enabled individuals to remain in their homes. These contracts were targeted at those who already had some more formal intervention or were close to needing more formal care and support.
2. This report asks approval to tender for 2 new services:
  - a) Advice and Information Service
  - b) Supporting Independence Service
3. The tender process request is made to provide a prevention offer to be delivered to support Adult Social Care for individuals who need some additional support to remain in their own homes. Local authorities have a duty to prevent, reduce or delay needs for care and support (Care Act 2014 s2) for all adults including carers; this means early intervention to prevent deterioration and reduce dependency on support from others.

### **Benefits and Challenges**

<b>Table 1 – Pros and Cons detail</b>
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<p><b>Advantages (Pros)</b></p>
<ul style="list-style-type: none"> <li>• CYC will be fully compliant with CYC's Contract Procedure Rules and the current Public Contract Regulations 2015 by tendering both services on our e-tendering website portal called YORtender.</li> <li>• Offers an important opportunity to offer a re-developed specification outlining clear expectations of service delivery and outcomes for our residents.</li> <li>• Providers will progress through a neutral selection process with clear set obligations and the selection will be made based on a rigorous evaluation of what CYC requires.</li> <li>• The new Contract will have an initial term of 3-years, with an option to extend for up to a further 2-years (5-year contract).</li> </ul>
<p><b>Disadvantages (Cons)</b></p>
<ul style="list-style-type: none"> <li>• Tendering services does not mean that there is a guarantee of Providers bidding for these services. However, York has a vibrant voluntary sector who would be capable of delivering these services.</li> <li>• To complete the tendering exercise can be time consuming and will require commitment of staff resources from various departments including Legal, Commercial Procurement, Finance alongside ASC commissioners. The Open Procurement procedure will be used that will combine stages of the process and is a single stage procurement procedure to progress the receipt, evaluation and award of contracts in an open, fair, transparent process within an efficient timescale.</li> <li>• These will be revised models of support therefore the incumbent provider may not wish to apply for the opportunity, however there is a vibrant market. This will be managed through the implementation process.</li> </ul>
<p><b>Key Risks</b></p>
<ul style="list-style-type: none"> <li>• Tendering the Service does not mean that there is a guarantee of Providers bidding for the Services, and this would lead to CYC not providing these services in line with the Care Act 2014.</li> <li>• Timescales to reprocure the Service are sufficient currently but if there are delays within the process this may not allow sufficient time to embed the new service if there is a new Provider.</li> <li>• Pension Scheme implications for the Advice and Information Service currently provided by Age UK York.</li> <li>• TUPE implications for the Advice and Information Service currently Provided by Age UK York.</li> </ul>

## Policy Basis for Decision

4. The Commissioning Strategy, Market Sustainability Plan and the 10-year vision 'People at the Heart of Care: adult social care reform paper' clearly outlines that the Council will work with existing Providers within the market to provide sustainable, quality and value for money services.
5. The Care Act 2014<sup>1</sup>, places a series of duties and responsibilities on local authorities to improve people's independence and wellbeing. It makes clear that local authorities must "*provide or arrange services that help prevent people developing needs for care and support or delay people deteriorating such that they would need ongoing care and support*"<sup>2</sup>
6. The proposal within this report covers two key aspects of prevention within the Care Act, 2014. The Care and Support Statutory Guidance<sup>3</sup> states that "*primary prevention / promoting wellbeing services*" are,

*"generally universal (for example, available to all) services, which may include, but are not limited to interventions and advice that:*

- *provide universal access to good quality information...*
- *reduce loneliness or isolation (for example: befriending schemes...)"*

Statutory Guidance<sup>4</sup> goes on to define "*Delay: tertiary prevention / formal intervention*" stating these "*are interventions aimed at minimising the effect of disability or deterioration for people with established or complex health conditions, (including progressive conditions, such as dementia). supporting people to regain skills and manage or reduce need where possible*"

This describes the purpose of the proposed Advice & Information and Supporting Independence Services

7. Advice & Information and Supporting Independence Services will directly support the achievement of The Council Plan 2023 to 2027,

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<sup>1</sup> Care Act 2014, [Care Act 2014 \(legislation.gov.uk\)](https://www.legislation.gov.uk)

<sup>2</sup> guidance, Care Act factsheets, 2016, [Care Act factsheets - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

<sup>3</sup> Care and Support Statutory Guidance, Gov.uk, DH&SC, updated 28 March 2024, <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>

<sup>4</sup> Ibid (n 3)

**One City, For All**, which sets a strong ambition to increase opportunities for everyone living in York to live healthy and fulfilling lives, as follows:

- a) **Health**-Improve health and wellbeing and reduce health inequalities, taking a Health in All Policies Approach.
  - b) **Equalities and Human Rights**- Equality of opportunity
  - c) **Affordability**- Tackling the cost-of-living crisis.
8. A key priority in *Adult Social Care* is the continued development of our Home First Model where one of the 5 key priorities outlines in City of York Council's (CYC) All Age Market Position Statement<sup>5</sup> is to "*Move to a community asset approach of prevention and living well in older age.*"
9. The Joint Health and Wellbeing strategy<sup>6</sup>'s, 2022-32, sets out 'Ten Big Goals' within it and this proposal supports the strategy as outlined in the table below.

No.	Description	Action Plan	How
1	Reduce the gap in healthy life expectancy between the richest and poorest communities	Overarching priority which will be achieved if all other priorities are successful	Advice & Information and Supporting Independence Services
10	Reduce the proportion of adults who report feeling lonely	identify gaps in provision for those at greatest risk of loneliness	Advice & Information and Supporting Independence Services

## Financial Strategy Implications

10. The £227k annual budget can be met from within existing resources. However, in order to cover off other contract pressures, the budgets managed directly by the Head of All Age

<sup>5</sup> All Age Market Position Statement, City of York Council, 2023-2025 [all-age-market-position-statement-2023-to-2025 \(york.gov.uk\)](https://www.york.gov.uk/all-age-market-position-statement-2023-to-2025)

<sup>6</sup> Joint Health and Wellbeing Strategy, York, 2022-32, <https://www.york2032.co.uk/strategies-action-plans/joint-health-wellbeing-strategy-2022-2032>

Commissioning have been rebased which gives little flexibility to find future budget savings from this area.

## Recommendation and Reasons

11. **Recommendation:** to approve the approach to commission, through a competitive tendered process, the following two services for a period of 3 plus 2 years:
- a) Advice and Information Service (value £100,000 per annum)
  - b) Supporting Independence Service (value £127,000 per annum)

**Reason:** The option proposed will comply with CYC's Contract Procedure Rules in terms of completing an open, fair, and transparent process as the market has not been approached since 2017. The procurement procedure is subject to the Light Touch Regime under the Public Contracts Regulations 2015 and will be completed as an Open Procurement Procedure.

**Reason:** The provision of the Advice & Information and Supporting Independence Services ensures the Council meets the statutory duty under the Care Act 2014 through prevention and delay.

12. **Recommendation:** To delegate authority to the Corporate Director of Adult Services and Integration ("**DASS**"), in consultation with the Head of Procurement and the Director of Governance to take such steps as are necessary to procure, award and enter into the resulting contracts.

**Reason:** This will enable the Contract Award to be implemented within the Procurement timescales.

## Background

13. Adult Social Care funds a variety of community contracts to enable the Council to fulfil its duties and responsibilities so there is

## Appendix 2

sufficient provision to improve people's independence and wellbeing as described in the Care Act 2014<sup>7</sup>.

14. These contracts are described in Annex A and have been under review.
15. The commissioned contract which provides the current prevention offer is an Older People Community Wellbeing Contract which ends 31<sup>st</sup> September 2024 with an agreed bridging service until 31<sup>st</sup> March 2025. This service has not been reprocured on the open market since 2017 and other community prevention contracts have ended.
16. There will be an increase in those needing care, those providing unpaid care and those living with dementia as described in York's Joint Strategic Needs Assessment<sup>8</sup> for adults over the age of 65:

Population	2020	2040
Living with dementia	2,927	4,291 (+47%)
Needing care	11,380	15,207 (+34%)
Providing unpaid care	5,271	6,592 (+25%)

17. All health and care services will be put under increasing pressure with an increased and ageing population. Population growth forecasts indicate:
  - *The resident population of York is forecast to grow by approximately 35,000 between 2023 and 2033 with the largest percentage increases in the over 65's, an estimated additional 13,800 residents aged 65+ by 2033.*
  - The GP registered population is forecast to increase from 251,000 (currently) to 255,600 by 2033.
18. Population health forecasts indicate continued challenges on an already stretched system:
  - In 2022, life expectancy for males declined from a peak of 80.2 years (2019) to 79.2 (2022), and for females declined from a peak of 84.1 years (2019) to 83.3 (2022). Male life expectancy in York

<sup>7</sup> Care Act 2014, [Care Act 2014 \(legislation.gov.uk\)](https://www.legislation.gov.uk)

<sup>8</sup> York JSNA, April 2023 [JSNA | York Health & Wellbeing \(healthyyork.org\)](https://www.healthyyork.org)



## Appendix 2

has now crept below the national average for the first time (York is 75<sup>th</sup> out of 148 LAs).

- The number of individuals living with multiple Long-Term Conditions is increasing in York, indicating increased and more complex health and care requirements for these individuals in future years.
19. Good, accessible information and advice are essential to enable people in later life to play a full part in their community, make informed decisions and be able to access the right services for them. Care and Support Statutory Guidance<sup>9</sup> states; *“It is critical to the vision in the Care Act that the care and support system works to actively promote wellbeing and independence, and does not just wait to respond when people reach a crisis point.”* It states prevention services include services that, *“...provide universal access to good quality information...”*
20. The current information/advice/signposting service currently provided by Age UK York received 5,444 enquiries in 2023/24 split between health/community care, benefits and finance advice and other general enquiries. This service offers and directs older people to services in the community who may not otherwise be computer literate and not know where to go for advice or support before coming to ASC.

information / advice / signposting	17/18	18/19	19/20	20/21	21/22	22/23	23/24
TOTAL no. of enquiries/actions recorded pa	4,281	5,646	6,504	4,872	5,847	7,118	5,444
Health / community care / non res & res care	1,760	2,033	2,316	2,066	2,043	2,092	1,781
Benefits / housing / legal	1,220	2,141	2,636	1,817	2,073	2,553	1,406
Other general enquiries	1,301	1,472	1,552	989	1,731	2,473	2,257

<sup>9</sup> Ibid, (n 9)

21. We know the population in York is aging, with an estimated increase of 50% for those aged 80 and over<sup>10</sup>. Social connection is a vital part of a good life and access to good information and advice plays a key role in this.
22. For those not able to leave their homes as often as they would like, to have the benefit of a regular befriender plays a role in their connections to the community and supports them to be less isolated. There are currently 85 matches with 61 waiting for a match (this involves assessment and finding volunteers to match with).
23. The impacts of not having social connection is well documented on a human level and the links between loneliness and poor health are well established, the LGA comment in their report, Combating Loneliness<sup>11</sup>, *“It is associated with higher blood pressure and depression, and leads to higher rates of mortality-comparable to those associated with smoking and alcohol consumption. It is also linked to higher incidence of dementia, with one study reporting a doubled risk of Alzheimer’s disease in lonely people compared with those who were not lonely. As a result of these health impacts, lonely individuals tend to make more use of health and social care services, and are more likely to have early admission to residential or nursing care.”*

## Engagement around Future service delivery

### Social Work and Local Area Coordinators survey May 2024

24. An online survey was sent to social workers and local area coordinators asking their views on gaps in community provision that are most important for the residents that are either supported by Adult Social Care (ASC) in their own homes or those who are supported by Local Area Coordinators in the community which would enable our residents to stay as independent as possible for as long as possible.

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<sup>10</sup> Joint Strategic Needs Assessment, York, <https://www.healthyyork.org/>

<sup>11</sup> Combating Loneliness, A guide for local authorities, LGA, 2016  
[https://www.local.gov.uk/sites/default/files/documents/combating-loneliness-guid-24e\\_march\\_2018.pdf](https://www.local.gov.uk/sites/default/files/documents/combating-loneliness-guid-24e_march_2018.pdf)

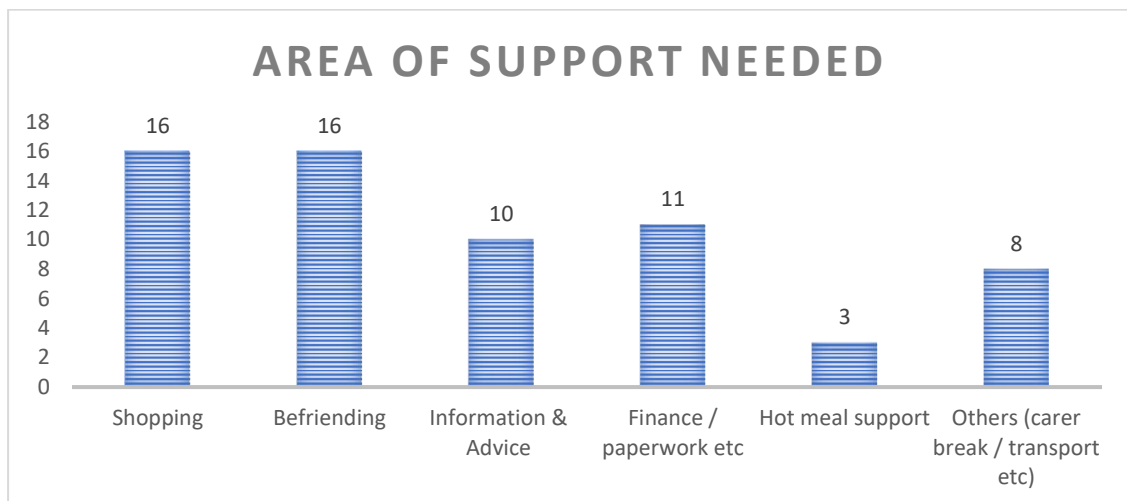
## Appendix 2

25. As well as receiving 16 separate responses from social workers to the survey the Team Manager also collated views and summarised as follows:

*“As well as identifying gaps to assist with shopping, loneliness, and paperwork we also struggle with transport and management of finances/ money- especially when cash is involved as this results in two workers having to attend.*

*....we have been referring customers to LAC’s but they do not have the capacity to pick up long term support work- they may be able to help with a one off situation but cannot sustain regular support due to the demands on their service.”*

26. Overall 18 social workers and Local Area Coordinators responded to the survey



27. There was a wealth of verbal feedback including:

<p>Many of the customers we support have no internet access and due to hearing, memory issues or dexterity issues are unable to use the shopping lines from supermarkets. Many often do not have anyone who is able to support them with shopping.</p>	<p>People are unsure what is out there and where to find support not everyone is turned into technology.</p>	<p>Many clients need support to either get to the shops or help with carrying. Not just food or essential either ~ some want to buy clothes</p>
<p>Working with increasing numbers of isolated and lonely older people. This includes permanent residents of care homes who sometimes don't want to chat with other residents but enjoy a visitor who will let them talk about their past</p>		

Early intervention and information is vital to encourage residents to access community resources/understand eligibility before requiring adult social care	carers report feeling overwhelmed with paperwork, particularly when having to deal with the 'cared for' mountain of social care/health documents, as well as their own and household paperwork.	
There are current gaps to the befriending service which leaves some carers lonely and isolated, particularly those caring for adults with severe learning disabilities or advanced dementia or those in any caring role where companionship has gone	loneliness is a critical issue and people can get attached to care to manage these feelings when befriending referrals are closed as they are currently. Also an absolute gap in befriending services which will also support people with dementia	Support with Bills/correspondence (this is an eligible care act need, "Maintaining Home" – low level support 1 hour per week as an example could prevent the need for paid for services.
	Previous wellbeing service to support with paperwork etc - I felt that we really reduced the need for people to have care packages	Many will attempt to do little jobs increasing falls risk when using ladders, drill to fix or repair things
The services identified help to prevent, reduce and delay the need for formal services and referrals. I can already see an increase in the number of referrals being made through the front door to the social work teams due to a reduction in the community-based resources available.		

### Age Friendly York Operation Group, May 2024

28. As well as consulting with social workers and local area coordinators the commissioner also attended an Age Friendly York Operation Group meeting to discuss Adult Social Care's community contracts.
29. The key areas of importance for funding were considered:
- Reducing social isolation
  - Access to information and advice
  - Dementia
  - Falls prevention
  - Getting out and about

### Customer feedback from the Older People Wellbeing Service-befriending satisfaction survey 2024

30. 33 people were surveyed in relation to be Befriending Service offered by Age UK York. Of the survey's returned 92% were very satisfied with the service they received.
31. Comments included:
- *Just nice to know you can talk to someone on phone or by person. It is lovely to know someone calling once a week*
  - *Since I am alone with no close family I value the weekly visits on those days that I don't see friends, most of whom are elderly like myself and are limited in their ability to visit.*
  - *I think that I am less down/ depressed. X has cheered me up a lot. I wish I had met her before. Once again thanks to coordinator.*
  - *It is great to have a natter with him whilst enjoying a cuppa together. It is good to see & talk to someone life can be very lonely at times.*

## **Organisational Impact and Implications**

### ***Financial Implications***

32. The cost to commission the services in this report is £227,000 p.a. The total cost over the full life of the contracts (3 plus two years) will be £1,135,000 and can be met from existing budgets.

### ***Procurement Implications***

33. There will be two separate services for Advice and Information Service, Supporting Independence Service to be procured and therefore CYC's Contract Procedure Rules and the current Public Contract Regulations 2015 (PCR's) in terms of completing an open, fair, and transparent process as the market which has not been subjected to an advertised tender opportunity to invite competition since 2017. The procurement procedure will also subject to the Light Touch Regime under the PCR's which applies to social care and health services and these procurements will be completed as an Open Procurement Procedure.

The tendering of the two services for an Advice and Information Service, Supporting Independence Service to award two contracts will need to comply with the current Public Contracts Regulations 2015 and with the total contract value of these two services exceeding the Light Touch Regime threshold of £663,540 which

means an open, fair, transparent procurement exercise which is advertised through a published Contract Notice for suitable interested providers to express their interest would be required to be completed. This will ensure that the market of suitable providers of Community services of advice, information and supporting independence to support early intervention and prevention in Adult Social Care are invited to submit a tender response to encourage competition and that CYC receive Value for Money by evaluating suitable providers within the procurement exercise.

The Open procurement procedure will require ASC to develop and include appropriate evaluation criteria weightings for Quality and Price. Underpinning this procurement will be the principle of obtaining Value for Money for CYC and therefore a robust, suitable Price evaluation criteria will need to be developed and included within the tender documents to robustly assess how bidders will assign the total contract value because this information will be contained within the Contract Notice and tender documents that are published.

The legislation that governs procurement for the Public Sector is due to change from 28<sup>th</sup> October 2024 when the new Procurement Act 2023 will replace the current Public Contract Regulations 2015 and so if CYC decide to commence the Open procedure procurements for these two services until this date or beyond then there are a series of other procedures, notices and actions that will need to be completed which could impact on the timescales for the completion of the procurements.

### ***Human Resources (HR) Implications***

34. There are no HR implications for City of York Council.

### ***Legal Implications***

35. The proposals in this report will ensure the Council is fulfilling its duties and responsibilities in relation to people's independence and wellbeing under the Care Act 2014.

### ***Health and Wellbeing Implications***

36. Prevention in social care is about encouraging people to be more proactive about their health and wellbeing. It can increase

independence and reduce or delay the need for care and support services.

A [consensus statement published in 2019 and updated in 2023](#) set out 5 principles to give all older people the opportunities and support they need to have a healthy and good quality later life, the first of these is: *Putting prevention first and ensuring timely access to services and support when needed.*

The services outlined in this paper and proposal for commissioning of advice and support together with early intervention and prevention support the public health principles to ensure that all people have the opportunity to live healthier for longer.

### ***Equalities and Human Rights Implications***

37. An Equalities Impact Assessment has been carried out and is annexed to this report at Annex C. In summary, the results of the assessment are that overall, it is considered that the proposal will have a positive impact in creating fairer and more equitable community provision for the population of York.

### ***Data Protection and Privacy Implications***

38. The data protection impact assessment (DPIAs) screening questions were completed for the recommendations and options in this report and as there is no personal, special categories or criminal offence data being processed to set these out, there is no requirement to complete a DPIA at this time. However, this will be reviewed following the approved recommendations and options from this report and a DPIA completed if required.

### ***Communications Implications***

39. There are the usual stakeholder management challenges that we would associate with any tendering process and subsequent contracts, but we are confident that a cross-team approach and robust organisational processes that are in place can alleviate any significant challenges

### ***Economy Implications***

40. There are no economic implications arising from the recommendations in this report.

### ***Affordability Implications***

41. This new model will be “*targeting our support at those who need it most, supporting communities to build on their own strengths and those of the people around them*” by investing in our residents and communities earlier we will ensure that if additional, more formal support, is required this will be at lower level or much later in a resident’s life journey. This support includes information and advice about financial support for those who may find it difficult to access services online.

### ***Special Implications Officers***

42. There are no specialist implications.

## **Options Analysis and Evidential Basis**

Option 1 – Commissioning 2 new services (3 + 2 years) for:

- i. Advice and Information Service (£100,000 per annum)
- ii. Supporting Independence Service (£127,000 per annum)

(Preferred option)

43. **Reason:** The services will be remodelled from previous contracts to ensure an updated offer is available to provide services for those residents who are nearest adult social care’s ‘front door’. The services will meet all statutory requirements in relation to early intervention and prevention under the Care Act 2014.

44. **Benefits:**

- Advice and Information will still be available for those who are not digitally literate - good, accessible information and advice are essential to enable people participate fully in their community, make informed decisions and be able to access the right support for them.
- Advice and information about support opportunities are crucial to help support carers in maintaining their caring role.
- Expands community provision to enable people to remain independent for longer or to regain independence where appropriate.
- Reduces/delays need for more formal support.
- Enables strength based practice by assisting people to manage their own health and wellbeing in their own homes whenever possible.



45. **Risks:**

- No opportunity to develop and expand the current limited offer.
- No Supporting Independence Service would increase isolation and loneliness with the potential impact of needing more formal support sooner.
- Not having these services will put additional pressure on other parts of the system which could be at more costly levels as people hit crisis sooner.

Option 2: Collaborative model

46. **Reason:** CYC is keen to for new providers / voluntary sector to offer services in a collaborative way ensuring services offered fit the needs of the residents of York.

47. **Benefits:**

- Opportunity for expansion / innovation to allow development of a new service model.
- Service will develop in line with local needs and priorities and will be available at a community level.

48. **Risks:**

- With the current available budget a collaborative model is a risk in relation to consolidated service offer.

Option 3: No services

49. **Reason:** Adult Social Care has finite resources and these services may evolve naturally within the voluntary

50. **Benefits:**

- Opportunity to make additional savings.

51. **Risks:**

- Not having these services will put additional pressure on other parts of the system which could be at more costly levels as people hit crisis sooner.

**Commissioning Timeline**

52. If the recommended approach is adopted the timeline for the procurement and implementation of these two services will be the following:

Pre-tender approval process	
Portfolio lead briefing	08-Aug-24

Corporate Governance Board MEETING	14-Aug-24
Report deadline for Exec/CMT	23-Aug-24
Forward Plan publish date	09-Sep-24
Exec / CMT MEETING	10-Sep-24
Executive MEETING	10-Oct-24
<b>Tender Process</b>	
ASC commissioning team to prepare tender documents (plus legal and procurement input)	Sept 24
Tender Process	Oct - Nov 24
Evaluation and award of contract	Dec-24
Implementation phase	Jan - Mar 25
New services commence	1st April 2025

## Risks and Mitigations

53. Risks are regularly reviewed and managed with required mitigations and controls put in place to minimise likelihood and impact.

## Wards Impacted

54. All wards are impacted.

## Contact details

For further information please contact the authors of this Decision Report.

### Author

<b>Name:</b>	Katie Brown
<b>Job Title:</b>	Commissioning Manager
<b>Service Area:</b>	All Age Commissioning Team
<b>Telephone:</b>	01904 554068
<b>Report approved:</b>	Yes
<b>Date:</b>	3 October 2024

## Annexes

- **Annex A:** Summary of Community Services Contracts, including those that ended 23/24
- **Annex B:** Impact Assessment for Adult Social Care Reduced Funding for Community Contracts

## Appendix 2

- **Annex C:** Equalities Impact Assessment for Adult Social Care Community Contracts – Future commissioning option

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**Annex A: Summary of Community Services Contracts, including those that ended 23/24.**

Provider	Service	Description of Service	Expiry date
Community Links	Family Community Wellbeing Support Service (FCWS)	Flexible, holistic support to families in the community within the context of the York Early Help Local Area Teams (LATs). It works with families whose children are aged 0-19 years old or 0-25 years old where the child has a disability. Any family struggling with housing-related issues whose circumstances are having a negative impact on their children's potential to thrive is eligible for support from the service. A 'whole family' approach with interventions to support the family is adopted, which could include addressing debt and budgeting issues, access to benefits, accessing training, education, employment, help with social isolation or accessing health support. Where required, the service facilitates engagement with the most appropriate member of the LAT and/or specialist provider to resolve them.	31/03/2024
York Mind	Mental Health Activities	MH activities in the community, develop, co-ordinate, and signpost people to, a wide a range of community-based activities and support services	31/03/2024
Yorkshire Housing Ltd	Older People Community Wellbeing Support (OCWS)	The service works with older people and people with the physical disability to support their wellbeing in line with Care Act principles. The service maintains and increases customers' independence through a variety of interventions, including support with access to services, budgeting, correspondence, as well as support with laundry, domestic tasks, and shopping.	31/01/2024

<b>Provider</b>	<b>Service</b>	<b>Description of Service</b>	<b>Expiry date</b>
Age UK York	Older People Community Support Service (OPCSS)	Community activities and social clubs (provide activities and give carers a break), day clubs (172 places per week), carers sitting and short breaks, day clubs for people living with dementia (24 places per week), peer support for people living with dementia and their carers (delivered through Alzheimer Society), 'good neighbour' (befriending) service, information, advice and signposting	30/09/2024
Age UK York	Advice, Information, shopping, and befriending service	Advice, information, shopping, and befriending service	1/10/24 to 31/3/25
Dementia Forward	Dementia Support Workers	Funding to support two dementia support workers.	30/09/2024
Dementia Forward	Dementia Support Workers	Funding to support two dementia support workers plus working in partnership to support development of new dementia community model.	1/10/24 to 31/3/25
Age UK York	Dementia Day Clubs	Funding for 24 places for people living with dementia, plus working in partnership to support development of new dementia community model.	1/10/24 to 31/3/25

Provider	Service	Description of Service	Expiry date
Alzheimer's Society	Dementia activities	Deliver dementia activities in the community, plus working in partnership to support development of new dementia community model.	1/10/24 to 31/3/25
Changing Lives	Adult Community Wellbeing Support (ACWS)	Support to single and childless adults through resettlement support, delivered through accommodation-based hostel provision, shared housing, and trainer flats. Floating support teams deliver support to customers resident in shared housing and trainer flats. The provider also supports the Making Every Adult Matter (MEAM) agenda, co-ordinating multiagency support to homeless service users with complex needs.	31/07/2024
Safe and Sound Homes (SASH)	Supported Lodgings CWS	Support to young people (16-25), estranged from families, through supported lodgings (structured support to Customers in a Host's home do develop the skills and independence to move into independent accommodation). Plus Nightstop (emergency supported accommodation through a Host) for up to 14 nights to assess the YP needs in a safe environment and re-engage with the family or find suitable alternative provision.	31/10/2024
The Wilberforce Trust	Sensory Support Hub	provision of a statutory and non-statutory Sensory Impairment Service, with a single point of referral.	30/09/2024
York Carers Centre	Support to Carers	Support for carers of all ages - I&A, carers needs assessments, development of support groups, training for carers, counselling for carers, identify and support carers	31/03/2027
York Mind	York Advocacy Hub	York Advocacy Hub - Care Act, NHS, Generic, IMCA, IMHA, RPR	31/03/2025

Provider	Service	Description of Service	Expiry date
United Response	Supported Employment	provision of a supported employment service for adults with a diagnosis of a learning disability, mental health and / or autism aged 18 years plus who are eligible for a service from Adult Social Care. 24 people at any one for up to a maximum year service provision per person.	31/03/2025



**Annex B: Impact Assessment for Adult Social Care Reduced Funding for Community Contracts  
City of York Council**

<b>Directorate:</b>	Adult Social care Integrated Directorate		
<b>Service Area:</b>	Adult Social care Integrated Directorate		
<b>What is the impact assessment for:</b>	Decrease in funding for community provision through ASC contracts		
<b>Lead officer:</b>	Katie Brown		
<b>Date assessment completed:</b>			
<b>Names of those who contributed to the impact assessment :</b>			
<b>Name</b>	<b>Job title</b>	<b>Organisation</b>	<b>Area of expertise</b>

**Step 1 – What Services have ended through contracts ending**

**1.1** **Brief description of the services that no longer have funding or may no longer have funding**  
Please explain the service impacts in Plain English avoiding acronyms and jargon.

Service	Provider	Value £ (per annum)	End Date	Funding / service update	Brief Service Description
Family Community Wellbeing Service	Community Links	87,631	31/3/24	<b>SERVICE AND FUNDING ENDED</b>	Provided flexible, holistic support to families in the community within the context of children’s Targeted Interventions teams. It worked with families whose children are aged 0-19 years old or 0-25 years old where the child has a disability. Any family struggling with housing-related issues whose circumstances are having a negative impact on their children’s potential to thrive is eligible for support from the service. A ‘whole family’ approach with interventions to support the family is adopted, which could include addressing debt and budgeting issues, access to benefits, accessing training, education, employment, help with social isolation or accessing health support. Where required, the service facilitated engagement with the most appropriate member of the Targeted Intervention Team and/or specialist provider to resolve them.
Older Persons Community Support Service	Age UK York	375,018 (inclusive of 59,382 ICB funding)	30/9/24	<b>BRIDGING SERVICE IN PLACE TO 31/3/25 WITH REDUCED SPECIFICATION</b>	Community activities and social clubs (provide activities and give carers a break), day clubs (172 places per week), carers sitting and short breaks, day clubs for people living with dementia (24 places per week), peer support for people living with dementia and their carers, 'good neighbour' (befriending) service, information, advice and signposting.
Older Peoples Community	Yorkshire Housing	146,984	31/1/24	<b>SERVICE AND FUNDING ENDED</b>	The service worked with older people and people with the physical disability to support their wellbeing in line with Care Act principles. The service maintained and increased

Wellbeing Support Service					customers' independence through a variety of interventions, including support with access to services, budgeting, correspondence, as well as support with laundry, domestic tasks and shopping.
Mental Health Activities	York Mind	80,000	31/3/24	<b>SERVICE AND FUNDING ENDED</b>	Mental health activities in the community – developed, through a steering group, a wide a range of community based activities and supported services for those in need of mental health support.
Funding for Dementia Support Workers	Dementia Forward	58,000	31/3/24	<b>FUNDING ENDED</b>	Funding for 2 Dementia Support Workers
Dementia Support	Dementia Forward	34,000	30/9/24	<b>NEW DEMENTIA MODEL PROPOSAL FROM 1/10/24</b>	Funded through the Better Care Fund. A contribution to help line, day clubs, wellbeing service & early onset dementia

**1.2 Are there any external considerations to these contracts / funding ending?**

(Legislation/government directive/codes of practice etc.)

The ending of the community contracts is not in line with Adult Social Care's move to an asset-based community development model that empowers individuals and communities to maximise local assets that will help individuals and communities remain independent. This model identifies need and matches it with community strengths that is based on what people can do.

The Care Act 2014<sup>1</sup> sets out how adult social care in England should be provided. It requires local authorities to make sure that people who live in their areas: receive services that prevent their care needs from becoming more serious or delay the impact of their needs.

The Government published its adult social care system reform white paper, 'People at the heart of care'<sup>2</sup> in December 2021. The white paper set out a 10 year vision for care and support in England and is based around three key objectives:

*People have choice, control, and support to live independent lives*

*People can access outstanding quality and tailored care and support*

*People find adult social care fair and accessible*

*Person centred care is a key theme throughout the vision.*

This community contracts covered two key aspects of prevention within the Care Act, 2014. The Care and Support Statutory Guidance<sup>3</sup> states that "*primary prevention / promoting wellbeing services*" are,

*"generally universal (for example, available to all) services, which may include, but are not limited to interventions and advice that: provide universal access to good quality information...*

*reduce loneliness or isolation (for example: befriending schemes or community activities such as the case study below)..."*

Statutory Guidance<sup>4</sup> states. "*to ensure everyone is provided with greater choice, control and independence, the government, the NHS, local authorities, care providers, voluntary and community groups, and the wider sector will work together to: champion early health and wellbeing interventions through community support to delay and prevent care needs and reduce the number of people with preventable diseases*"<sup>5</sup>

In order to fulfil our duty to promote diversity and quality in service provision a review to ascertain that the Council has effective community strategies and presence to fulfil our obligations and commission the right services needs to be undertaken.

<sup>1</sup> Care Act, 2014, <https://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

<sup>2</sup> People at the heart of care, DHSC, 2021 <https://www.gov.uk/government/publications/people-at-the-heart-of-care-adult-social-care-reform-white-paper>

<sup>3</sup> Care and Support Statutory Guidance, Gov.uk, DH&SC, updated 28 March 2024, <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>

1.3	<b>Who are the stakeholders and what are their interests?</b>
<p><b>Stakeholders:</b>  City of York Council (both elected members and officers); York Residents; All Age Commissioning Team; Providers; York CVS; Healthwatch; Customers of City of York Council; Victim Support Group; Carers; Patients; Humber &amp; North Yorkshire Health and Care Partnership; York and Scarborough Teaching Hospitals NHS Foundation Trust (acute services provider); Tees, Esk &amp; Wear Valleys NHS Foundation Trust (mental health provider); Primary Care Networks; NHS England &amp; Improvement, York Racial Equality Forum, York LGBTQ Forum, Peasholme Charity (Homeless and socially excluded); York Carers Forum; Support for Veterans and York Interfaith, Older Peoples Forum; Housing; other stakeholders.</p> <p>As these are community service contracts and are open access for those who need them so all residents of York and partners will have an interest.</p>	

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<sup>4</sup> Ibid (n 3)

<sup>5</sup> People at the heart of care, DHSC, 2021 <https://www.gov.uk/government/publications/people-at-the-heart-of-care-adult-social-care-reform-white-paper>  
Impact Assessment 06/2024

1.4	<p><b>What will be the impact of this funding ending or potentially ending?</b> This section should explain what outcomes the services previously achieved, staff and/or the wider community. Demonstrate how they linked to the Council Plan (2023-27) and other corporate strategies and plans.</p>
<p>Through ASC's community contracts we were able to contribute towards the following objectives. By not having these in place we will no longer be able to contribute towards the early intervention and prevention offer within the City.</p> <p>City of York's Council Plan, 2023-2027<sup>6</sup>, has four core commitments, 3 of which were embodied in these services.</p> <p><b>Equalities</b> – <i>“We will create opportunities for all”</i>, ASC will no longer be able to create opportunities for our more vulnerable residents to access their communities and feel more included in our city.</p> <p><b>Affordability</b> – ASC will no longer be able to fulfil the ambition of, <i>“targeting our support at those who need it most, supporting communities to build on their own strengths and those of the people around them”</i> ASC will no longer to invest in services that enable support for our residents and communities earlier therefore we will not be able to ensure that if additional, more formal support, is required this will be at lower level or much later in a resident's life journey.</p> <p><b>Health</b> – <i>“We will improve health and wellbeing”</i>, ASC will no longer be able to support those who are more isolated and vulnerable and in need of communities they can access to improve their wellbeing.</p> <p><i>A key priority in Adult Social Care is the continued development of our Home First Model where one of the 5 key priorities outlines in City of York Council's (CYC) All Age Market Position Statement<sup>7</sup> is to “Move to a community asset approach of prevention and living well in older age.”</i> Adult Social Care will no longer be able to support this priority though the community contract offer.</p> <p>All health and care services will be put under increasing pressure with an increased and ageing population. Population growth forecasts indicate:</p> <p>The resident population of York is forecast to grow by approximately 35,000 between 2023 and 2033 with the largest percentage increases in the over 65's, an estimated additional 13,800 residents aged 65+ by 2033.</p> <p>The GP registered population is forecast to increase from 251,000 (currently) to 255,600 by 2033.</p> <p>Population health forecasts indicate continued challenges on an already stretched system:</p> <p>In 2022, life expectancy for males declined from a peak of 80.2 years (2019) to 79.2 (2022), and for females declined from a peak of 84.1 years (2019) to 83.3 (2022). Male life expectancy in York has now crept below the national average for the first time (York is 75<sup>th</sup> out of 148 LAs).</p> <p>The number of individuals living with multiple Long Term Conditions is increasing in York, indicating increased and more complex health and care requirements for these individuals in future years.</p>	

These services had complemented York's move to an asset-based community development model that empowered individuals and communities to maximise local assets that will help individuals and communities remain independent.

A key priority for Adult Social Care is the continued development to our Home First Model where one of the 5 key priorities outlines in City of York Council's (CYC) All Age Market Position Statement<sup>8</sup> is to "*Move to a community asset approach of prevention and living well in older age*"

York's Joint Health and Wellbeing Strategy (JHWB)<sup>9</sup> has its key priorities as the four life stages and states, "*...whilst people are generally in just one of these stages at a time, they are all connected through families, geographies and communities.*"

The Carers Trust<sup>10</sup> state that 1 in 7 unpaid carers have had to use foodbanks and 63% are worried about being able to afford paying bills and 39% have had to cut back on other household items.

All these approaches and strategies evidence York's commitment to strengthening community led solutions to enhance people's health and wellbeing, by ending these contracts the prevention offer is diminished.

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<sup>6</sup> One City for all, City of York's Council Plan, 2023-27, <https://www.york.gov.uk/CouncilPlan>

<sup>7</sup> All Age Market Position Statement, City of York Council, 2023-2025 [all-age-market-position-statement-2023-to-2025 \(york.gov.uk\)](https://www.york.gov.uk/all-age-market-position-statement-2023-to-2025)

<sup>8</sup> All Age Market Position Statement, City of York Council, 2023-2025 [all-age-market-position-statement-2023-to-2025 \(york.gov.uk\)](https://www.york.gov.uk/all-age-market-position-statement-2023-to-2025)

<sup>9</sup> York Local Health and Wellbeing Strategy 2022-2032, [York Joint Health & Wellbeing Strategy](https://www.york.gov.uk/york-joint-health-wellbeing-strategy)

<sup>10</sup> Carers Trust, November 2022, [Carers Trust research reveals unpaid family carers experiencing unprecedented financial hardship with many now using food banks - News & Media - Latest News, Views & Opinions | Carers Trust](https://www.carers-trust.org.uk/news-media/latest-news-views-opinions/carers-trust-research-reveals-unpaid-family-carers-experiencing-unprecedented-financial-hardship-with-many-now-using-food-banks)

1.5	Outline the key impacts of this funding ending or potentially ending. This section should explain what the key impacts of the funding ending or potentially ending	
Service	Risk / impact of closure	Result / effect / consequence of closure
Family Community Wellbeing Service	<ul style="list-style-type: none"> <li>• Additional pressure on other services</li> <li>• Main users of service are female, single parents (84%), 60% in Acomb area.</li> <li>• Working with complex issues- - household poverty, debt, tenancy support but increasingly complex issues including historical abuse, undiagnosed LD / MH, financial abuse, coercive control</li> <li>• Reduction in targeted support that can be offered to families asking for help.</li> <li>• Lack of specialist support service to refer young families to when they leave temporary accommodation and move to first tenancies.</li> <li>• Lack of targeted support for families with rent arrears, anti social behaviour issues and disrepair.</li> <li>• Reduction in options for where to refer to when vulnerable families need targeted support.</li> </ul>	<ul style="list-style-type: none"> <li>• Impact on children's ability to thrive</li> <li>• Impact on housing, eviction and homelessness</li> <li>• Impact on MH services</li> <li>• Impact on single parents who are mainly women in most deprived wards of York</li> <li>• Increase in rent and council tax arrears due to lack of support for families in debt.</li> <li>• Increased workload for other services</li> <li>• Lack of specialist family support to refer to</li> <li>• Increase in safeguarding risks for families due to delays in waiting for appropriate support</li> <li>• Increase in eviction rates</li> </ul>
Older Persons Community Support Service	<ul style="list-style-type: none"> <li>• Digital exclusion for older people - over 7,000 enquiries in 2022/23 to I&amp;A service - evenly split between health/community care, benefits and finance advice and other general enquiries</li> <li>• Carers are less supported</li> <li>• Befriending service – last quarter 102 referrals 61 waiting for assessment and 41 waiting for a match. (Service does not have enough volunteer coordinator time)</li> <li>• Not having a subsidised offer for day activities for those who cannot afford fully funded provision will increase loneliness and isolation of the most vulnerable.</li> </ul>	<ul style="list-style-type: none"> <li>• This service offers and directs older people to services in the community who may not otherwise be computer literate and not know where to go for advice or support before coming to ASC.</li> <li>• Health &amp; Comm Care – potentially 2,000 more queries for Council.</li> <li>• Closure of dementia services and other provision will impact on individuals who use the service and their carers (perhaps reducing ability to continue in role)</li> <li>• No community services for other services to refer to.</li> <li>• Increase in isolation and loneliness and impact = earlier arrival at statutory services.</li> </ul>



	<ul style="list-style-type: none"> <li>• Additional pressure on other services</li> <li>• Impact on more elderly - average age of day club user is 85</li> <li>• Delays need for other interventions</li> <li>• 40% of those attending general clubs have memory loss</li> <li>• Reduces / delays other packages of support</li> <li>• Access to community</li> </ul>	<ul style="list-style-type: none"> <li>• Not having a subsidised offer for day activities for those who cannot afford fully funded provision will increase loneliness and isolation of the most vulnerable.</li> <li>• Potentially pushing the costs to other parts of the system. The need these services fill will still be there and will need to be fulfilled through other services – perhaps at a more costly level as people hit crisis.</li> <li>• Inability of the carer to cope longer term without a break, this will impact on ASC budget as person would need more formal support sooner.</li> </ul>
Older Peoples Community Wellbeing Support Service	<ul style="list-style-type: none"> <li>• No community capacity for shopping, correspondence, light cleaning, welfare checks</li> <li>• Additional pressure on other services</li> <li>• Financial exclusion</li> <li>• More formal intervention from ASC or other statutory services may be needed sooner.</li> </ul>	<ul style="list-style-type: none"> <li>• Increased need, those who are <b>just about</b> coping will not longer be able to maintain property and own independence. Will impact on ASC.</li> <li>• Potentially pushing the costs to other parts of the system. The need these services fill will still be there and will need to be fulfilled through other services – perhaps at a more costly level as people hit crisis.</li> <li>• Some would still require service so would likely be paid support through CYC</li> </ul>
Mental Health Activities	<ul style="list-style-type: none"> <li>• Additional pressure on other services</li> <li>• In 2022/23 – nearly 800 accessed the mental health activities programme</li> <li>• Social inclusion and wellbeing</li> <li>• Prevents / reduces need for other interventions</li> <li>• Community inclusion / networks</li> </ul>	<ul style="list-style-type: none"> <li>• Potentially pushing the costs to other parts of the system. The need these services fill will still be there and will need to be fulfilled through other services – perhaps at a more costly level as people hit crisis.</li> <li>• The service offered saw increasingly complex individuals coming into the service as there is very little community support offered for these individuals meaning increased isolation and community engagement</li> <li>• May hit crisis and no low level intervention so will need more costly interventions</li> </ul>
Funding for Dementia Support Workers	<ul style="list-style-type: none"> <li>• Carers</li> <li>• Additional pressure on other services</li> </ul>	<ul style="list-style-type: none"> <li>• Potentially pushing the costs to other parts of the system. The need these services fill will still be there</li> </ul>

		and will need to be fulfilled through other services – perhaps at a more costly level as people hit crisis.
Dementia Support	<ul style="list-style-type: none"> <li>• Carers</li> <li>• Additional pressure on other services</li> </ul>	<ul style="list-style-type: none"> <li>• Closure of dementia services and other provision will impact on individuals who use the service and their carers (perhaps reducing ability to continue in role)</li> <li>• Potentially pushing the costs to other parts of the system. The need these services fill will still be there and will need to be fulfilled through other services – perhaps at a more costly level as people hit crisis.</li> </ul>

<b>Step 2 – Gathering the information and feedback in relation to the impact of the funding ending / or potentially ending</b>	
<b>2.1</b>	<b>What sources of data, evidence and consultation feedback do we have to help us understand the impact of the proposal on equality rights and human rights?</b> Please consider a range of sources, including: consultation exercises, surveys, feedback from staff, stakeholders, participants, research reports, the views of equality groups, as well your own experience of working in this area etc.
<b>Source of data/supporting evidence</b>	<b>Reason for using</b>
One City for all, City of York’s Council Plan, 2023-27, <a href="https://www.york.gov.uk/CouncilPlan">https://www.york.gov.uk/CouncilPlan</a>	Outlines York’s key priorities
York JSNA, June 2022, <a href="#">JSNA   Ageing Well (healthyork.org)</a>	Population data
All Age Market Position Statement, City of York Council, 2023-2025 <a href="#">all-age-market-position-statement-2023-to-2025 (york.gov.uk)</a>	Includes outcomes for City of York Population and outlines key priorities
Carers Trust, November 2022, <a href="#">Carers Trust research reveals unpaid family carers experiencing unprecedented financial hardship with many now using food banks - News &amp; Media - Latest News, Views &amp; Opinions   Carers Trust</a>	Carer data
York Local Health and Wellbeing Strategy 2022-2032, <a href="#">York Joint Health &amp; Wellbeing Strategy</a>	Details the health and wellbeing priorities for the city will be and how these will be addressed
York Dementia Strategy, 2022-2027, <a href="#">Annex A.pdf (york.gov.uk)</a>	Dementia priorities and data
Service data 2023/24	Data from current contract delivery
Census data 2021	Offers latest data on population data
City of York All Age Commissioning Strategy 2023-2025	Includes outcomes for City of York Population as well as detailing key priorities

Findings from the survey for older people in York, December 2017, <a href="#">Annex A - 2017 Older People Survey sent to HWBB.pdf (york.gov.uk)</a>	Findings from the survey of older people in York 2017
Surveys and feedback from current services with those who access the services, May – June 2023	Customer feedback
Discussions with social workers and service managers, March – June 2023 and May 2024.	Social Work feedback
Yorks Human Rights City Network Indicator Report <a href="#">York Human Rights City Indicator Report 2022</a>	Data, Human Rights, loneliness, cost of living crisis
Alzheimer's Society, <a href="https://www.alzheimers.org.uk/">https://www.alzheimers.org.uk/</a>	Data and information in relation to dementia
Age Friendly York,, June 2022, Your Services Baseline Assessment <a href="https://www.livewellyork.co.uk/more-resources/communities/your-service-baseline-assessment/">https://www.livewellyork.co.uk/more-resources/communities/your-service-baseline-assessment/</a>	Evidence that shows views of older people in York in relation to services that would help people live independently

<b>Step 3 – Gaps in data and knowledge</b>	
<b>3.1</b>	<b>What are the main gaps in information and understanding of the impact of the funding ending / potentially ending? Please indicate how any gaps will be dealt with.</b>
<b>Gaps in data or knowledge</b>	<b>Action to deal with this</b>
Research suggests that lower socioeconomic status 'triples risk of early-onset dementia'	Working with dementia services to gain a better understanding and how to ensure equal access to all services.
Impact on Adult Social Care in relation to individuals needing support at an earlier stage	Questionnaire to social workers asking what service gaps they are experiencing for the people they are working with.

Step 4 – Analysing the impacts or effects			
4.1	Please consider what the evidence tells you about the likely impact (positive or negative) on people sharing a protected characteristic, i.e. how significant could the impacts be because the funding has ended? Remember the duty is also positive – so please identify where the proposal offers opportunities to promote equality and/or foster good relations.		
Equality Groups and Human Rights.	Key Findings/Impacts	Positive (+) Negative (-) Neutral (0)	High (H) Medium (M) Low (L)
Age	<p><b>Impact identified</b></p> <p>York has an older population which is increasing alongside an increase in dementia diagnosis and people living with dementia without a diagnosis.</p> <p>We know there are 9,854 people over 80 years old living in York, an increase of 12.7% since 2011 (York Council Plan) and with age comes increased risks of dementia and loneliness.</p> <p>Age Friendly York undertook a survey in June 2022, findings stated,  <i>“We also checked what individual support people received through friends; neighbours; relatives and communities. Only 53% percent receiver informal support which included: shopping; providing lifts; keeping an eye out to make sure they are all right; cleaning; preparing meals and many other tasks. Not having access to support in the community can have a significant impact on someone’s independence and wellbeing.”</i></p> <p><b>Supporting Evidence</b></p> <p>York's current population is 202,821 (2021 census), due to rise to almost 215,000 people by 2030. Our largest five-year age band as a proportion of our total population, is the 20–24-year-old band, with 15-19 and 25-29 year-old age bands also higher than the average. This reflects the pull of York's further and higher educational institutions. It also means that, as a proportion of the population, there are fewer people in middle age and early age in the city.</p> <p>There has been an increase of 15.8% in people aged 65 years and over, an increase of 0.4% in people aged 15 to 64 years, and a decrease of 3.2% in children aged under 15 years.</p>	Negative	High

	<p>York’s population is on the whole healthy, but this is not true of all communities and groups There are predicted to be large increases in the number of people with dementia. More older people are helped to live at home in York than the national average, but access to intermediate care remains a priority.</p> <p>By 2030, it is estimated that the 65+ population in York will have increased by 17% and the 85+ population in York will have increased by 27% from 2020.</p> <p>According to JSNA The life expectancy for females is 83.6 and males 79.9, with healthy life expectancy 66.4 and 65.8 respectively.</p> <p><b>Mitigation:</b></p> <p>According to Health York.org People in York can expect to be in good health until 77 years old. In the final years of life, an average person might have 1-2 years where they have ‘high care needs’ i.e. help getting dressed and another year with ‘medium care needs’ i.e. daily help preparing meals</p> <p>York is already part of the UK Network of Age Friendly Communities. Age Friendly York will:</p> <ul style="list-style-type: none"> <li>• enable people to live healthy and active lives</li> <li>• encourage communities to treat people with respect, regardless of their age</li> </ul> <p>CYC are focusing on aspects of living in York as an older person, including:</p> <ul style="list-style-type: none"> <li>• getting out and about</li> <li>• their time</li> <li>• access to information</li> <li>• their service</li> <li>• their home</li> </ul>		
<p><b>Disability</b></p>	<p><b>Impact Identified</b> As individuals age there can be an increase in people living with multiple long-term conditions (multimorbidity)</p>	<p><b>Negative</b></p>	<p><b>Medium</b></p>

	<p><b>Supporting evidence</b></p> <p>The way that social care is organised and delivered can be a critical factor in disabled people being able to exercise their human rights over a large proportion of their adult lives. Independence is a fundamental human rights principle which underpins other human rights. The Joint Committee on Human Rights report on the rights of disabled people to independent Living (2012) reaffirms the importance of independent living principles for all disabled people.</p> <p>Information and guidance about the services must be available in different formats to enable older people to fully understand what is available to support them and be active members in their communities.</p> <p>Evidence below demonstrates that we have a population that has a variety of disabilities, and each person is an individual with their own needs.</p> <p>Total population York: 211,012  Proportion that are from BAME communities: 6% - lower than the national average.  Proportion of people with “bad” or “very bad” health: 4.10% - better than the national average.  Proportion of people with a long-term health condition or disability: 15% - similar to the national average</p> <p>Work on population health management has looked at the issue of people who live with multiple long-term conditions (multimorbidity):</p> <ul style="list-style-type: none"> <li>• 10.7% of the York practice population have multimorbidity; this represents 24,124 people.</li> <li>• 4.6% have 3+ conditions, 2% have 4+ conditions, 0.8% 5+ conditions, 0.3% 6+ conditions</li> <li>• 13.8% of the multi-morbid population is under the age of 65</li> <li>• There is a strong link to deprivation with people from more deprived backgrounds having twice the rate of multimorbidity across all ages</li> <li>• 2.7% of the population have a physical and mental health comorbidity</li> <li>• Number of proportion of people with disabilities in Yorkshire and The Humber (18.9%, 1.0 million).</li> </ul>		
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	<ul style="list-style-type: none"><li>• It is well-recognised that people with a learning disability or a severe mental illness suffer poorer health outcomes, for instance with a 10 year (Severe Mentally Impaired) and an 18-year (Learning Disability) lower life expectancy than the England average.</li></ul> <p>Health checks are offered to people aged 40 – 74 to identify early risk factors for common preventable health conditions. Health checks should be offered on a five-year cycle. Health checks in York are available to anyone who is eligible under the national criteria, however those who are likely to get the greatest benefit from a health check are currently being targeted. That is those who belong to one or more of:</p> <ul style="list-style-type: none"><li>• are living in areas of deprivation</li><li>• are overweight or obese, current smokers or</li><li>• have a mental health condition such as depression or anxiety.</li></ul> <p>According to MHA Around 4 million older people (40% of people aged 65 and over) have a limiting long-term illness or disability, and it is estimated that this will rise to over 6 million older people by 2030.</p> <p>According to CQC, disabled people under 65 may use social care for long periods – even for the whole of their lives, whether they have a physical or sensory impairment, a learning disability or use mental health services.</p> <p>There are 794 people on a learning disability register in primary care in the city as of February 2021, and 2,040 people on a severe mental illness register (which means they have bipolar disorder, schizophrenia, or another psychosis). It is well-recognised that people with a learning disability or a severe mental illness suffer poorer health outcomes, for instance with a 10 year (SMI) and an 18-year (LD) lower life expectancy than the England average.</p> <p>The National Autistic Society (NAS) has reported a 61% increase in the autism since 2005.</p> <p><b>Mitigation:</b></p> <p>To ensure services still available comply with equalities legislation.</p>		
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	<p>The Council will comply with all relevant and forthcoming legislation, Equalities Act 2010, Human Rights Act 1998.</p> <p>All services commissioned by CYC are available to residents of York under the individual service criteria. Further information can be found on the Live Well York site that can be accessed <a href="https://www.livewellyork.co.uk/">https://www.livewellyork.co.uk/</a></p>		
<b>Gender</b>	<p><b>Impact Identified</b></p> <p>Women in York tend to live longer than males in York, a trend also seen nationally.</p> <p><b>Supporting Evidence</b></p> <p>York's JSNA tells us that in York, as well as nationally, life expectancy at 65 is steadily on the rise. The pattern for men and women is different. Women are expected to live an extra 21.4 years compared to men living an extra 18.9 years. Women have a higher life expectancy at 65 than their peers nationally, and this is rising at a similar rate to the national average. Men's life expectancy at 65 is approximately more in line with the national average.</p> <p>According to mid-year population estimates published by the ONS in 2019, males account for 48.2% of York's 201,672 population, while females made up 51.8% of the total.</p> <p>Life expectancy: A gap between wards in York of 10.1 years (Male) and 7.9 years (Female).</p> <p>According to the NICE Intermediate care and reablement EIA 2023, The Health and Social Care Information Centre figures for 2012-13 shows that 60% of service users (of all ages) receiving community-based social care services are female.</p> <p><b>Mitigation:</b></p> <p>Residents may be signposted to a range of preventative and intervention services, and these can be found on the Live Well York site that can be accessed <a href="https://www.livewellyork.co.uk/">https://www.livewellyork.co.uk/</a></p> <p>The Council will comply with all relevant and forthcoming legislation, Equalities Act 2010, Human Rights Act 1998.</p>	<b>Negative</b>	<b>High</b>

<p><b>Gender Reassignment</b></p>	<p><b>Impact identified : As Above</b></p> <p>Sexual Orientation –there may be a lack of understanding LGBTQIA+ issues</p> <p>Difficulty of monitoring of Sexual Orientation</p> <p><b>Supporting Evidence:</b></p> <p>The Council’s Equalities Objectives:</p> <p><i>Create opportunities for representatives of all sections of the community to participate in the work of the Council</i></p> <p><i>Make a commitment to fair recruitment and employment policies</i></p> <p>The Council’s Equalities duties state: advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it for our customers and people who work within the Health and Social Care system.</p> <p>City of York Council plans to establish further system-level, collaborative networks, such as the LGBTQIA+. The network will improve the experience of working with CYC by raising awareness of LGBTQIA concerns across the council and in the community.</p> <p>CYC Workforce Development Unit- MyLo also offers LGBTQIA+, e-learning accessible for all ASC workforce the module will enable vulnerable individuals to feel respected, cared and dignified by our colleagues, team and customers.</p> <p><b>Mitigation</b></p> <p>Monitoring of religion and sexual orientation are more difficult as individuals may not wish to disclose this information. For example, one view was that sexual orientation must be monitored to ensure that the Council and the provider have an understanding of the types of problems LGBTQIA+ clients are facing, this can also ensure that there is an understanding that CYC, ICB and the providers are LGBTQIA+ friendly. This may mean that residents are more likely to reveal their sexuality, which may be relevant to services offered.</p>	<p><b>Negative</b></p>	<p><b>Low</b></p>
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	<p>All services commissioned by CYC are available to residents of York under the individual service criteria. Further information can be found on the Live Well York site that can be accessed <a href="https://www.livewellyork.co.uk/">https://www.livewellyork.co.uk/</a></p> <p>The Council will comply with all relevant and forthcoming legislation, Equalities Act 2010, Human Rights Act 1998.</p>		
<p><b>Marriage and civil partnership</b></p>	<p><b>Impact</b> There will be those who used / are using the services who are married or in a civil partnership and this may mean they are also carers. We know that 7.7% of York's population are residents with carer responsibilities.</p> <p><b>Supporting Evidence</b> In 2021, just over 4 in 10 people (41.3%) said they were married or in a registered civil partnership, compared with 44.3% in 2011. The percentage of adults who were never married or in a civil partnership in York increased from 38.6% to 42.8%.(Census, 2021).</p> <p>According to Care Found home care, the support of a professionally trained carer in the older persons home is a cost-effective way of helping couples remain together in their own home for as long as possible. Whatever the situation, elderly people almost always prefer to remain alongside their loved one in the comfort of their own home and continue to enjoy a loving relationship. Not only does this positively impact on individuals retain the emotional support of a husband or wife that we all grow to rely on, but importantly it also helps couples maintain their independence and sense of control to the greatest extent possible support can be provided on a long-term basis or for shorter respite periods, depending on the needs of each couple.</p> <p>In addition a survey of older people in York in 2017, asked:</p> <p><i>What things do you think are important in helping to increase peoples' independence, helping them to live in their own homes for longer?</i></p> <p>The most common response was "<i>More contact with friends and family</i>", which was given by 53% of those surveyed. Other frequently-given responses (cited by between 44% and 49% of those surveyed) included "<i>Access to information on support and services</i>"</p>	<p><b>Neutral</b></p>	<p><b>Medium</b></p>

	<p>What keeps people independent responses from 2008 survey and 2017 survey:</p> <table border="1" data-bbox="427 277 1370 842"> <thead> <tr> <th>Answer Choices</th> <th colspan="2">Responses 2017/2008</th> </tr> </thead> <tbody> <tr> <td>More social activities held in the community</td> <td>52%</td> <td>40%</td> </tr> <tr> <td>More contact with friends and family</td> <td>62%</td> <td>43%</td> </tr> <tr> <td>Moving to a new home with care and support linked in</td> <td>30%</td> <td>34%</td> </tr> <tr> <td>Support for people that care for a relative or friend</td> <td>52%</td> <td>60%</td> </tr> <tr> <td>Help with the practicalities of running a home</td> <td>50%</td> <td>70%</td> </tr> <tr> <td>Help with personal care</td> <td>45%</td> <td>70%</td> </tr> <tr> <td>Access to information on support and services</td> <td>58%</td> <td>not asked</td> </tr> <tr> <td>Help with having your home adapted</td> <td>56%</td> <td>73%</td> </tr> </tbody> </table> <p><b>Mitigation</b>  All services commissioned by CYC are available to residents of York under the individual service criteria. Further information can be found on the Live Well York site that can be accessed <a href="https://www.livewellyork.co.uk/">https://www.livewellyork.co.uk/</a></p> <p>The Council will comply with all relevant and forthcoming legislation, Equalities Act 2010, Human Rights Act 1998.</p>	Answer Choices	Responses 2017/2008		More social activities held in the community	52%	40%	More contact with friends and family	62%	43%	Moving to a new home with care and support linked in	30%	34%	Support for people that care for a relative or friend	52%	60%	Help with the practicalities of running a home	50%	70%	Help with personal care	45%	70%	Access to information on support and services	58%	not asked	Help with having your home adapted	56%	73%		
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<p><b>Pregnancy and maternity</b></p>	<p><b>Impact identified</b>  These services are primarily for older people in York, although the closure of the Family Community Wellbeing Service may impact on families where the mother may be pregnant.</p> <p><b>Supporting Evidence</b></p>	<p><b>Neutral</b></p>	<p><b>Low</b></p>																											

	<p>It is unknown if there were any pregnant women who accessed the Family Community Wellbeing Service</p> <p><b>Mitigation</b></p> <p>All services commissioned by CYC are available to residents of York under the individual service criteria. Further information can be found on the Live Well York site that can be accessed <a href="https://www.livewellyork.co.uk/">https://www.livewellyork.co.uk/</a></p> <p>The Council will comply with all relevant and forthcoming legislation, Equalities Act 2010, Human Rights Act 1998.</p>		
<p><b>Race</b></p>	<p><b>Impact identified</b></p> <p>There is no robust evidence as to who accessed / accesses the services from the BAME communities</p> <p><b>Supporting Evidence</b></p> <p>Whilst the official proportion of people from a BAME background is lower than the national average at 5.7%, Census data expected in 2022, show numbers have increased, and the diversity of York varies across the city, with 15.1% of people in Hull Road ward from a BAME background.</p> <p>The city has become more culturally and religiously diverse with a Black and Minority Ethnic (BME) population of 9.8% (non-White British) compared to 4.9% in 2001.</p> <p>In 2021, 1.8% of York residents identified their ethnic group within the "Mixed or Multiple" category, up from 1.2% in 2011. The 0.6 percentage-point change was the largest increase among high-level ethnic groups in this area.</p> <p>In 2021, 92.8% of people in York identified their ethnic group within the "White" category (compared with 94.3% in 2011), while 3.8% identified their ethnic group within the "Asian, Asian British or Asian Welsh" category (compared with 3.4% the previous decade).</p>	<p><b>Negative</b></p>	<p><b>Low</b></p>

	<p>The percentage of people who identified their ethnic group within the "Other" category ("Arab" or "Any other ethnic group") increased from 0.5% in 2011 to 1.0% in 2021. There are many factors that may be contributing to the changing ethnic composition of England and Wales, such as differing patterns of ageing, fertility, mortality, and migration. Changes may also be caused by differences in the way individuals chose to self-identify between censuses.</p> <p>The COVID-19 pandemic has continued to have a disproportionate impact on people from some ethnic minority ethnic backgrounds.</p> <p>Our survey of more than 4,000 people aged 65 and over who had used health or social care services recently shows that older people from ethnic minority backgrounds tend to use services less frequently (68% said they use them about once every 2 to 3 months or once in the last 6 months, compared with 58% of people from White British backgrounds.</p> <p>Language barriers can sometimes prevent professionals from effectively assessing and supporting people with dementia and their families. Good communication is key to relationships between professionals and service users. A lack of a common language presents a significant barrier to building trust. Consistent quality of translation needs to be maintained to build trust and understanding. Cultural beliefs also need to be considered, and health and social care workers may see patients relying on their family members and friends to act as interpreters. This can, however, present several problems.</p> <p><b>Mitigation</b></p> <p>The Council would provide links to Local Area Co-ordinators as they would share important local information for local communities.</p> <p>Ensure a professional approach that are trained in equalities awareness. The needs of staff training with regard to equalities and diversities is assessed as part of the annual staff appraisal process</p> <p>Clear written policy of language and translation services ensuring that information is delivered quickly</p> <p>All professional organisations have clear written policy for racial harassment.</p> <p>CYC has progressed in implementing the Race Equality Scheme to promote race equality within York. All services commissioned by CYC are available to residents of York under the individual</p>		
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	<p>service criteria. Residents may be signposted to a range of preventative and intervention services, and these can be found on the Live Well York site that can be accessed <a href="https://www.livewellyork.co.uk/">https://www.livewellyork.co.uk/</a></p> <p>All services commissioned by CYC are available to residents of York under the individual service criteria. Further information can be found on the Live Well York site that can be accessed <a href="https://www.livewellyork.co.uk/">https://www.livewellyork.co.uk/</a></p> <p>The Council will comply with all relevant and forthcoming legislation, Equalities Act 2010, Human Rights Act 1998.</p>		
<p><b>Religion and belief</b></p>	<p><b>Impact identified</b> Religious belief and lack of understanding of religious beliefs.</p> <p><b>Supporting Evidence</b> In 2021, 46.1% of York residents reported having "No religion", making it the most common response in this local authority area (up from 30.1% in 2011). Because the census question about religious affiliation is voluntary and has varying response rates, caution is needed when comparing figures between different areas or between censuses.</p> <p>Cultural sensitivity plays an important role in the relationship between religion and healthcare. Many peoples' identities are informed by their race, culture, ethnicity, gender, or religion. When it comes to receiving medical care, many patients will make decisions based on their identity in some or all of these categories.</p> <p>In 2021, 43.9% of people in York described themselves as Christian (down from 59.5%), while 6.9% did not state their religion (down from 7.8% the decade before).</p> <p>There are many factors that can cause changes to the religious profile of an area, such as a changing age structure or residents relocating for work or education. Changes may also be caused by differences in the way individuals chose to self-identify between censuses. Religious affiliation is the religion with which someone connects or identifies, rather than their beliefs or religious practice.</p>	<p><b>Neutral</b></p>	<p><b>Low</b></p>

	<p><b>Mitigation</b> All services commissioned by CYC are available to residents of York under the individual service criteria. Further information can be found on the Live Well York site that can be accessed <a href="https://www.livewellyork.co.uk/">https://www.livewellyork.co.uk/</a></p> <p>The Council will comply with all relevant and forthcoming legislation, Equalities Act 2010, Human Rights Act 1998.</p>		
<b>Sexual orientation</b>	<p><b>Impact identified</b> Impact identified as above</p> <p><b>Supporting evidence</b> No Data Available – the survey results had limited information provided about sexual orientation.</p> <p><b>Mitigation</b> All services commissioned by CYC are available to residents of York under the individual service criteria. Further information can be found on the Live Well York site that can be accessed <a href="https://www.livewellyork.co.uk/">https://www.livewellyork.co.uk/</a></p> <p>The Council will comply with all relevant and forthcoming legislation, Equalities Act 2010, Human Rights Act 1998.</p>	<b>Neutral</b>	<b>Low</b>
<b>Other Socio-economic groups including :</b>	<b>Could other socio-economic groups be affected e.g. carers, ex-offenders, low incomes?</b>		
<b>Carer</b>	<p><b>Impact identified</b> Unpaid Carers Adult carers Young Adult Carers Young Carers</p> <p><b>Supporting evidence</b></p>	<b>Negative</b>	<b>High</b>



We know that 7.7% of York's population are residents with carer responsibilities.

According to the Census 2021, females were statistically significantly more likely to provide unpaid care than males in every age group up to 75 to 79 years; however, from the age of 80 years onwards, males were statistically significantly more likely to provide unpaid care.

In both females and males, the older age groups provide the highest hours of unpaid care per week. In females, those aged between 75 to 79 years and in males, those aged between 85 to 89 years provided the highest percentage of 50 hours or more of care compared with all other age groups

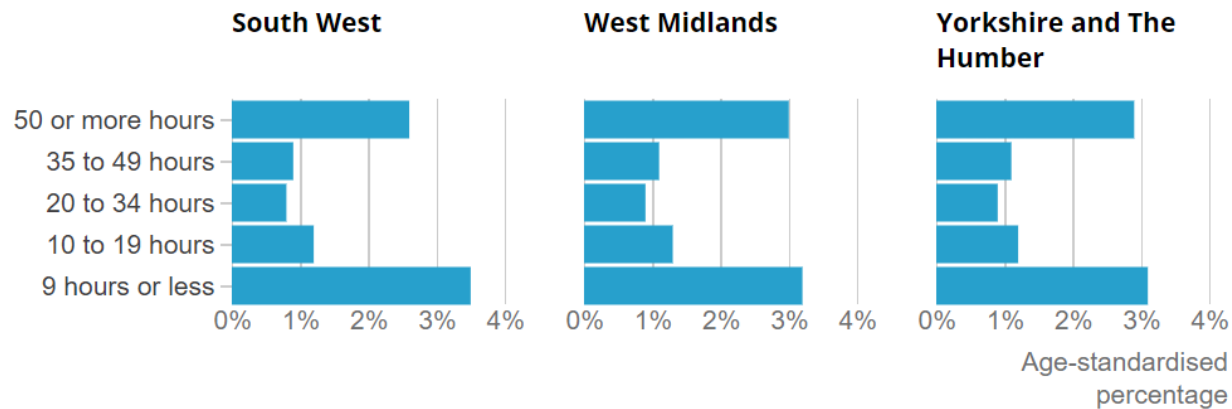


Figure 3 from the census 2021: region with the highest percentage of both unpaid carers, and unpaid carers providing 50 or more hours of care per week

In England, there was a higher percentage of unpaid carers in the most deprived areas. In addition, according to MHA Older people provide a large amount of volunteer time to support organisations across the UK. There were an estimated 360,792 care home residents from 1 March 2021 to 28 February 2022, occupying 77.8% of care home beds. Approximately 125,954 (34.9%) of care home residents were classified as self-funders, compared with 234,838 (65.1%) state-funded residents.

	<p>In addition, according to MHA Older people provide a large amount of volunteer time to support organisations across the UK. There were an estimated 360,792 care home residents from 1 March 2021 to 28 February 2022, occupying 77.8% of care home beds.</p> <p><b>Mitigation</b></p> <p>The All Age Commissioning Team recognises the significance of unpaid carers to our health and social care system. The current Carers Strategy will enable identification of carers in the community to provide them ongoing support and to maintain their Health and wellbeing, more carers are involved in planning services.</p> <p>All services commissioned by CYC are available to residents of York under the individual service criteria. Residents may be signposted to a range of preventative and intervention services, and these can be found on the Live Well York site that can be accessed <a href="https://www.livewellyork.co.uk/">https://www.livewellyork.co.uk/</a></p> <p>The Council will comply with all relevant and forthcoming legislation, Equalities Act 2010, Human Rights Act 1998.</p>		
<p><b>Low income groups</b></p>	<p><b>Impact Identified</b> Cost of attending activities Debt and financial crises.</p> <p><b>Supporting Evidence</b> A study<sup>11</sup> published in the Lancet Healthy Longevity journal found that individuals of a lower socioeconomic status had a three-times-higher risk of developing early-onset dementia in comparison to their counterparts from a higher socioeconomic background.</p> <p>Studies have repeatedly shown that older adults with lower socioeconomic status (including factors such as low income, living in deprived neighbourhoods, low educational level) are more</p>	<p><b>Negative</b></p>	<p><b>High</b></p>

<sup>11</sup> Lower socioeconomic status 'triples risk of early-onset dementia', 29/11/23, The Guardian, <https://www.theguardian.com/society/2023/nov/29/lower-socioeconomic-status-triples-risk-of-early-onset-dementia>

likely to be lonely as they have fewer financial resources for initiating and maintaining social relationships. For example, club membership, transport costs, leisure activities etc.

The Carers Trust in 2022 launched the results of their recent survey showing 1 in 7 unpaid carers are using foodbanks as a result of soaring living costs and 63% are worried about being able to afford paying bills.

<b>Cost of Living Crisis</b>	
Food and everyday shopping	Plus £134 increase in September 2022
Transport & fuel costs	+ 70% this year
Housing costs	+ int.rates & rents
Energy costs	+ int.rates & rents
Source of information: York cost of living summit	

The IMD (Indices of Multiple deprivation) report in York 2019 indicates:

Domain	2019	
	Rank (1=most deprived, 151=least)	York position v 151 UTLAs
Index of Multiple Deprivation	140	12th least deprived
Income Domain	140	12th least deprived
Employment Domain	139	13th least deprived
Education, Skills & Training Domain	115	37th least deprived
Health & Disability Domain	108	44th least deprived
Crime Domain	146	6th least deprived
Barriers to Housing & Services Domain	118	34th least deprived
Living Environment Deprivation	94	58th least deprived
Income Deprivation Affecting Children Index	139	13th least deprived
Income Deprivation Affecting Older People Index	135	17th least deprived

	<p><b>Financial living crises and debt</b></p> <p><i>The Press</i> states cost of living crisis that debt issues in the UK are set to become dramatically worse over the current months, (July 2022) and maybe even years. Aryza’s new UK Debt Statistics report found York has ranked fourteenth with an average debt level of £18,144. According to <i>The Press</i> 2023, Citizens Advice Bureau, their close work with the mental health charities, GPs and hospitals explain that debt is a contributing factor for mental health issues and long term depression and anxiety. However, the cost of running CAY, professional and vital services is high, and there is a shortfall to fundraise to fill each year.</p> <p><i>According to Fiona McCulloch of York Citizens Advice debt is addressed as a stigma, and debt is especially prevalent amongst low paid workers, furloughed workers during the Covid, people on benefits, people with disabilities and BAME people. It is still a taboo subject, and we need to break this taboo and seek advice and support when needed.</i></p> <p><b>Mitigation</b> All services commissioned by CYC are available to residents of York under the individual service criteria. Further information can be found on the Live Well York site that can be accessed <a href="https://www.livewellyork.co.uk/">https://www.livewellyork.co.uk/</a></p> <p>The Council will comply with all relevant and forthcoming legislation, Equalities Act 2010, Human Rights Act 1998.</p>		
<p><b>Veterans, Armed Forces Community</b></p>	<p><b>Impact Identified</b> No Data Available</p> <p><b>Supporting Evidence</b> The City of York has signed the Armed Forces veteran’s covenant. It is an agreement that no one who has ever served in the Armed Forces, or their families, should be disadvantaged because of their service.</p> <p>In practice, this does not mean that Armed Forces personnel receive preferential treatment compared to other people, but that everyone agrees to work together to ensure that the Armed Forces community can access the same level of service as non-serving citizens</p>	<p><b>Neutral</b></p>	<p><b>Low</b></p>

	<p><b>Mitigation</b> All services commissioned by CYC are available to residents of York under the individual service criteria. Residents may be signposted to a range of preventative and intervention services, and these can be found on the Live Well York site that can be accessed <a href="https://www.livewellyork.co.uk/">https://www.livewellyork.co.uk/</a></p>		
<b>Other</b>			
	<b>Impact on human rights:</b>		
List any human rights impacted.	<p>At the heart of human rights, is the concept of dignity. Dignity can include factors such as autonomy, social inclusion, justice, respect, independence, and privacy.</p> <p>Ongoing reflection and feedback from users of the service to learn and improve Human Rights and Equalities Board. The City of York Council and the York Human Rights City Steering Group established the Human Rights and Equalities Board with a remit to:</p> <ul style="list-style-type: none"> <li>• provide strategic direction for the council’s human rights and equalities work</li> <li>• tackle the issues raised within the York Human Rights City Indicator Report</li> </ul>	<b>Negative</b>	<b>Medium</b>

**Use the following guidance to inform your responses:**

Indicate:

Where you think that the reduction in funding could have a POSITIVE impact on any of the equality groups like promoting equality and equal opportunities or improving relations within equality groups

Where you think that the reduction in funding could have a NEGATIVE impact on any of the equality groups, i.e. it could disadvantage them

Where you think that this reduction in funding has a NEUTRAL effect on any of the equality groups listed below i.e. it has no effect currently on equality groups.

It is important to remember that the impact(s) may be highly relevant to one aspect of equality and not relevant to another.

<p><b>High impact</b> (The reduction in funding might have a high impact)</p>	<ul style="list-style-type: none"> <li>• There is significant potential for or evidence of adverse impact(s)</li> <li>• The reduction in funding is institution wide or public facing</li> <li>• The reduction in funding has consequences for or affects significant numbers of people</li> <li>• The reduction in funding has the potential to have a significant adverse impact to promoting equality and the exercise of human rights.</li> </ul>
<p><b>Medium impact</b> (The reduction in funding might have a medium impact)</p>	<ul style="list-style-type: none"> <li>• There is some evidence to suggest potential for or evidence of adverse impact</li> <li>• The reduction in funding is institution wide or across services, but mainly internal</li> <li>• The reduction in funding has consequences for or affects some people</li> <li>• The reduction in funding has the potential to have an adverse impact to promoting equality and the exercise of human rights</li> </ul>
<p><b>Low impact</b> (The proposal or process might have a low impact)</p>	<ul style="list-style-type: none"> <li>• There is little evidence to suggest that the proposal could result in adverse impact</li> <li>• The reduction in funding operates in a limited way The reduction in funding has consequences for or affects few people</li> <li>• The reduction in funding may have the potential to an adverse impact to promoting equality and the exercise of human rights</li> </ul>

<p><b>Step 5 - Mitigating adverse impacts and maximising positive impacts</b></p>	
<p>5.1</p>	<p><b>Based on your findings, explain ways you plan to mitigate any unlawful prohibited conduct or unwanted adverse impact. Where positive impacts have been identified, what is been done to optimise opportunities to advance equality or foster good relations?</b></p>
<p>There will be negative impact(s) on the above groups, with some aspects of equality being more adversely effected than others. The impacts are being considered and alternative models are being put in place.</p> <p>In relation to dementia CYC is intending to contribute funding towards an ICB led community dementia pathway.</p> <p><u>Dementia Community model</u> The intended community dementia model is one of a lead provider which will allow for continued delivery of valuable services as well as a more innovative solutions whilst focussing on realising the ambitions outlined within the Dementia Strategy.</p>	

This will help inform efficiencies and enable an innovative delivery model to be in place which allows for coproduction and partnership working and assist CYC to achieve this ambition and with our partners will enable us to prevent, reduce and delay the need for formal care and support and where possible to improve people's health and wellbeing, focusing on prevention and self-help.

The ICB will be lead partners in the procurement of this lead provider model.

Step 6 – Recommendations and conclusions of the assessment	
6.1	<p>Having considered the potential or actual impacts you should be in a position to make an informed judgement on what should be done. In all cases, document your reasoning that justifies your decision. There are four main options you can take:</p> <ul style="list-style-type: none"> <li>• <b>No major impact</b>– the IA demonstrates there is no major impact of services ending / reduction in funding. There is no potential for unlawful discrimination or adverse impact and you have taken all opportunities to advance equality and foster good relations, subject to continuing monitor and review. <b>Adjust the service ending / reduction in funding</b>– the IA identifies potential problems or missed opportunities. This involves taking steps to remove any barriers, to better advance quality or to foster good relations.</li> <li>• <b>Continue with the service ending / reduction in funding</b> (despite the potential for adverse impact) – you should clearly set out the justifications for doing this and how you believe the decision is compatible with our obligations under the duty</li> <li>• <b>Stop and work further to mitigate impact of service ending / reduction in funding</b> – if there are adverse effects that are not justified and cannot be mitigated, you should consider stopping altogether. If a proposal leads to unlawful discrimination it should be removed or changed.</li> <li>• <b>Important:</b> If there are any adverse impacts you cannot mitigate, please provide a compelling reason in the justification column.</li> </ul>
Option selected	Conclusions/justification
<p><b>Stop and work further to mitigate impact of service ending / reduction in funding</b></p>	<p>There are adverse impacts in relation to the services ending / reduction in funding. An options paper is being taken to ASC Directorate Management Team.</p> <p>With the continued issues our communities face (covid lag in terms of needs, failing MH services, cost of living crisis, food insecurity, increased costs of services) one preventative approach alone will not reduce/delay/prevent reliance on more costly interventions <b>BUT</b> having preventative services within our communities offers more opportunity and support for older people, those who are more vulnerable and open to exploitation and those with MH issues to remain within their communities.</p> <p>It is acknowledged that the reduction in funding has been taken due the Council’s financial position and future proposals must take the reduced funding envelope into account.</p>



<b>Step 8 - Monitor, review and improve</b>			
<b>8.1</b>	<b>How will the impact be monitored and mitigated going forward?</b> Consider how will you identify the impact of reduction in funding on protected characteristics and other marginalised groups going forward? How will any learning and enhancements be capitalised on and embedded?		
The Council Commissioning Strategy has been developed and will shape the direction of commissioned services, in line with the Council's Plan.			
<b>Step 7 – Summary of agreed actions resulting from the assessment</b>			
<b>7.1</b>	<b>What action, by whom, will be undertaken as a result of the impact assessment.</b>		
<b>Impact/issue</b>	<b>Action to be taken</b>	<b>Person responsible</b>	<b>Timescale</b>
Adverse implications to the reduction in community services, particularly for older residents in York	A report outlining future options to be taken to ASC DMT for future direction to be given.	Katie Brown	July 2024

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**Annex C – Equalities Impact Assessment for Adult Social Care Community Contracts – Future commissioning options  
City of York Council**

**Equalities Impact Assessment**

**Who is submitting the proposal?**

<b>Directorate:</b>		Adult Social care Integrated Directorate	
<b>Service Area:</b>		Adult Social care Integrated Directorate	
<b>Name of the proposal :</b>			
<b>Lead officer:</b>		Katie Brown	
<b>Date assessment completed:</b>			
<b>Names of those who contributed to the assessment :</b>			
<b>Name</b>	<b>Job title</b>	<b>Organisation</b>	<b>Area of expertise</b>
Uzmha Mir	Contracts Manager	CYC	Communities Contracts

**Step 1 – Aims and intended outcomes**

**1.1**

**What is the purpose of the proposal?**

Please explain your proposal in Plain English avoiding acronyms and jargon.

City of York Council is intending to commission two older people's services; a) Advice & Information Service and b), A Supporting Independence Service

Two services for People; Advice & Information, and a Supporting Independence Service

The purpose of the redesign of older contracts is to work with partners and the community in order to meet the growing needs of local people while working with reduced funding. By doing so, the Council will focus on promoting well-being and an asset-based community development approach to the commissioning process.

Providers bidding for this contract will be part of a competitive tender process to ensure that they fulfil due diligence, criteria and quality standards in relation to equalities and human rights.

<b>1.2</b>	<b>Are there any external considerations?</b> (Legislation/government directive/codes of practice etc.)
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This procurement is in line with Adult Social Care’s move to an asset-based community development model that empowers individuals and communities to maximise local assets that will help individuals and communities remain independent. This model identifies need and matches it with community strengths that is based on what people can do.

The Care Act 2014<sup>1</sup> sets out how adult social care in England should be provided. It requires local authorities to make sure that people who live in their areas: receive services that prevent their care needs from becoming more serious or delay the impact of their needs.

The Government published its adult social care system reform white paper, ‘People at the heart of care’<sup>2</sup> in December 2021. The white paper set out a 10 year vision for care and support in England and is based around three key objectives:

- People have choice, control, and support to live independent lives
- People can access outstanding quality and tailored care and support
- People find adult social care fair and accessible

Person centred care is a key theme throughout the vision.

This proposal covers two key aspects of prevention within the Care Act, 2014. The Care and Support Statutory Guidance<sup>3</sup> states that “*primary prevention / promoting wellbeing services*” are,

- “*generally universal (for example, available to all) services, which may include, but are not limited to interventions and advice that:*
- *provide universal access to good quality information...*
  - *reduce loneliness or isolation (for example: befriending schemes or community activities such as the case study below)...*”

The proposed community services; Advice & Information and a Supporting Independence Service fulfils this obligation.

Statutory Guidance<sup>4</sup> goes on to define “*Delay: tertiary prevention / formal intervention*” stating these “*are interventions aimed at minimising the effect of disability or deterioration for people with established or complex health conditions, (including progressive conditions, such as dementia). supporting people to regain skills and manage or reduce need where possible*”

The Paper goes on to state, “*to ensure everyone is provided with greater choice, control and independence, the government, the NHS, local authorities, care providers, voluntary and community groups, and the wider sector will work together to:*

- *champion early health and wellbeing interventions through community support to delay and prevent care needs and reduce the number of people with preventable diseases*”<sup>5</sup>

In order to fulfil our duty to promote diversity and quality in service provision commissioning these services include effective strategies to fulfil our obligations and commission the right services.

### 1.3 Who are the stakeholders and what are their interests?

**Stakeholders:**

City of York Council (both elected members and officers); York Residents; All Age Commissioning Team; Providers; York CVS; Healthwatch; Customers of City of York Council; Victim Support Group; Carers; Patients; Humber & North Yorkshire Health and Care Partnership; York and Scarborough Teaching Hospitals NHS Foundation Trust (acute services provider); Tees, Esk & Wear Valleys NHS Foundation Trust (mental health provider); Primary Care Networks; NHS England & Improvement, York Racial Equality Forum, York LGBTQ Forum, Peasholme Charity (Homeless and socially excluded); York Carers Forum; Support for Veterans and York Interfaith, Older Peoples Forum; Housing; other stakeholders.

<sup>1</sup> Care Act, 2014, <https://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

<sup>2</sup> People at the heart of care, DHSC, 2021 <https://www.gov.uk/government/publications/people-at-the-heart-of-care-adult-social-care-reform-white-paper>

<sup>3</sup> Care and Support Statutory Guidance, Gov.uk, DH&SC, updated 28 March 2024, <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>

<sup>4</sup> Ibid (n 3)

<sup>5</sup> People at the heart of care, DHSC, 2021 <https://www.gov.uk/government/publications/people-at-the-heart-of-care-adult-social-care-reform-white-paper>

**1.4** **What results/outcomes do we want to achieve and for whom?** This section should explain what outcomes you want to achieve for service users, staff and/or the wider community. Demonstrate how the proposal links to the Council Plan (2023-27) and other corporate strategies and plans.

City of York's Council Plan, 2023-2027<sup>6</sup>, has four core commitments, 3 of which are embodied within this proposal.

**Equalities** – *“We will create opportunities for all”*, by creating opportunities for our more vulnerable residents to access their communities and feel more included in our city.

**Affordability** – this new model will be *“targeting our support at those who need it most, supporting communities to build on their own strengths and those of the people around them”* by investing in our residents and communities earlier we will ensure that if additional, more formal support, is required this will be at lower level or much later in a resident's life journey.

**Health** – *“We will improve health and wellbeing”*, those accessing these proposed models are those who are more isolated and vulnerable and in need of communities they can access to improve their wellbeing.

*A key priority in Adult Social Care is the continued development of our Home First Model where one of the 5 key priorities outlines in City of York Council's (CYC) All Age Market Position Statement<sup>7</sup> is to “Move to a community asset approach of prevention and living well in older age.”*

All health and care services will be put under increasing pressure with an increased and ageing population. Population growth forecasts indicate:

- The resident population of York is forecast to grow by approximately 35,000 between 2023 and 2033 with the largest percentage increases in the over 65's, an estimated additional 13,800 residents aged 65+ by 2033.
- The GP registered population is forecast to increase from 251,000 (currently) to 255,600 by 2033.

Population health forecasts indicate continued challenges on an already stretched system:

- In 2022, life expectancy for males declined from a peak of 80.2 years (2019) to 79.2 (2022), and for females declined from a peak of 84.1 years (2019) to 83.3 (2022). Male life expectancy in York has now crept below the national average for the first time (York is 75<sup>th</sup> out of 148 LAs).
- The number of individuals living with multiple Long Term Conditions is increasing in York, indicating increased and more complex health and care requirements for these individuals in future years.

#### Community Services – Advice & Information Service and a Supporting Independence Service

The aim of the new contracts is to provide services which deliver a) Information & Advice and, b), Supporting Independence Service for people in York.

The impact of not having social connection is well documented on a human level and the links between loneliness and poor health are well established, the LGA comment in their report, Combating Loneliness<sup>8</sup>, *“It is associated with higher blood pressure and depression, and leads to higher rates of mortality-comparable to those associated with smoking and alcohol consumption. It is also linked to higher incidence of dementia, with one study reporting a doubled risk of Alzheimer’s disease in lonely people compared with those who were not lonely. As a result of these health impacts, lonely individuals tend to make more use of health and social care services, and are more likely to have early admission to residential or nursing care.”*

The service aims to:

- **Prevent, Reduce and Delay the need for ongoing Support-** This are related to the statutory duty under Section 2(1) of the Care Act 2024 to contribute towards preventing or delaying the development of needs for care and support. This is related to Health and wellbeing and reducing inequalities within the council plan
- **Flexible, Choice and Control-** focus on work undertaken to involve residents, families and their carers in the being able to access information and advice that is specific to their them. This is related to Health and wellbeing and reducing inequalities within the council plan.
- **Linkages and Connections;** focus on work undertaken to strengthen the connections individuals have in their communities. This is related to Health and wellbeing and reducing inequalities within the council plan

These solutions complement York’s move to an asset-based community development model that empowers individuals and communities to maximise local assets that will help individuals and communities remain independent. This model identifies need and matches it with community strengths that is based on what people can do.

Alongside this approach a key priority is the continued development of our Home First Model where one of the 5 key priorities outlines in City of York Council’s (CYC) All Age Market Position Statement<sup>9</sup> is to *“Move to a community asset approach of prevention and living well in older age”*

York’s Joint Health and Wellbeing Strategy (JHWB) <sup>10</sup> has its key priorities as the four life stages and states, *“...whilst people are generally in just one of these stages at a time, they are all connected through families, geographies and communities.”*

<sup>6</sup> One City for all, City of York’s Council Plan, 2023-27, <https://www.york.gov.uk/CouncilPlan>

<sup>7</sup> All Age Market Position Statement, City of York Council, 2023-2025 [all-age-market-position-statement-2023-to-2025 \(york.gov.uk\)](https://www.york.gov.uk/all-age-market-position-statement-2023-to-2025)

<sup>8</sup> Combating Loneliness, A guide for local authorities, LGA, 2016 [https://www.local.gov.uk/sites/default/files/documents/combating-loneliness-guid-24e\\_march\\_2018.pdf](https://www.local.gov.uk/sites/default/files/documents/combating-loneliness-guid-24e_march_2018.pdf)

<sup>9</sup> All Age Market Position Statement, City of York Council, 2023-2025 [all-age-market-position-statement-2023-to-2025 \(york.gov.uk\)](https://www.york.gov.uk/all-age-market-position-statement-2023-to-2025)

<sup>10</sup> York Local Health and Wellbeing Strategy 2022-2032, [York Joint Health & Wellbeing Strategy](https://www.york.gov.uk/york-joint-health-wellbeing-strategy)



The Carers Trust<sup>11</sup> state that 1 in 7 unpaid carers have had to use foodbanks and 63% are worried about being able to afford paying bills and 39% have had to cut back on other household items.

All these approaches and strategies evidence the approach that is being taken to create services which deliver community led solutions to enhance people's health and wellbeing.

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<sup>11</sup> Carers Trust, November 2022, [Carers Trust research reveals unpaid family carers experiencing unprecedented financial hardship with many now using food banks - News & Media - Latest News, Views & Opinions | Carers Trust](#)

<b>Step 2 – Gathering the information and feedback</b>	
<b>2.1</b>	<b>What sources of data, evidence and consultation feedback do we have to help us understand the impact of the proposal on equality rights and human rights?</b> Please consider a range of sources, including: consultation exercises, surveys, feedback from staff, stakeholders, participants, research reports, the views of equality groups, as well your own experience of working in this area etc.
<b>Source of data/supporting evidence</b>	<b>Reason for using</b>
One City for all, City of York’s Council Plan, 2023-27, <a href="https://www.york.gov.uk/CouncilPlan">https://www.york.gov.uk/CouncilPlan</a>	Outlines York’s key priorities
York JSNA, June 2022, <a href="#">JSNA   Ageing Well (healthyork.org)</a>	Population data
All Age Market Position Statement, City of York Council, 2023-2025 <a href="#">all-age-market-position-statement-2023-to-2025 (york.gov.uk)</a>	Includes outcomes for City of York Population and outlines key priorities
Carers Trust, November 2022, <a href="#">Carers Trust research reveals unpaid family carers experiencing unprecedented financial hardship with many now using food banks - News &amp; Media - Latest News, Views &amp; Opinions   Carers Trust</a>	Carer data
York Local Health and Wellbeing Strategy 2022-2032, <a href="#">York Joint Health &amp; Wellbeing Strategy</a>	Details the health and wellbeing priorities for the city will be and how these will be addressed
York Dementia Strategy, 2022-2027, <a href="#">Annex A.pdf (york.gov.uk)</a>	Dementia priorities and data
Service data 2023/24	Data from current contract delivery
Census data 2021	Offers latest data on population data
City of York All Age Commissioning Strategy 2023-2025	Includes outcomes for City of York Population as well as detailing key priorities

Findings from the survey for older people in York, December 2017, <a href="#">Annex A - 2017 Older People Survey sent to HWBB.pdf (york.gov.uk)</a>	Findings from the survey of older people in York 2017
Surveys and feedback from current services with those who access the services, May – June 2023 and January 2024	Customer feedback
Discussions with social workers and service managers, May 2024	Customer feedback
Age Friendly York Operation Group, May 2024	Customer feedback
Yorks Human Rights City Network Indicator Report <a href="#">York Human Rights City Indicator Report 2022</a>	Data, Human Rights, loneliness, cost of living crisis
Alzheimer’s Society, <a href="https://www.alzheimers.org.uk/">https://www.alzheimers.org.uk/</a>	Data and information in relation to dementia

<b>Step 3 – Gaps in data and knowledge</b>	
<b>3.1</b>	<b>What are the main gaps in information and understanding of the impact of your proposal? Please indicate how any gaps will be dealt with.</b>
<b>Gaps in data or knowledge</b>	<b>Action to deal with this</b>

<b>Step 4 – Analysing the impacts or effects</b>	
<b>4.1</b>	<b>Please consider what the evidence tells you about the likely impact (positive or negative) on people sharing a protected characteristic, i.e. how significant could the impacts be if we did not make any adjustments? Remember the duty is also positive – so please identify where the proposal offers opportunities to promote equality and/or foster good relations.</b>

Equality Groups and Human Rights.	Key Findings/Impacts	Positive (+) Negative (-) Neutral (0)	High (H) Medium (M) Low (L)
Age	<p><b>Impact identified</b> York has an older population which is increasing as well as an increase in those living with multiple Long-Term Conditions.</p> <p><b>Supporting Evidence</b></p> <p>York's current population is 202,821 (2021 census), due to rise to almost 215,000 people by 2030. Our largest five-year age band as a proportion of our total population, is the 20–24-year-old band, with 15-19 and 25-29 year-old age bands also higher than the average. This reflects the pull of York's further and higher educational institutions. It also means that, as a proportion of the population, there are fewer people in middle age and early age in the city.</p> <p>There has been an increase of 15.8% in people aged 65 years and over, an increase of 0.4% in people aged 15 to 64 years, and a decrease of 3.2% in children aged under 15 years.</p> <ul style="list-style-type: none"> <li>• York's population is on the whole healthy, but this is not true of all communities and groups</li> <li>• There are predicted to be large increases in the number of people with dementia.</li> <li>• More older people are helped to live at home in York than the national average, but access to intermediate care remains a priority.</li> </ul> <p>By 2030, it is estimated that the 65+ population in York will have increased by 17% and the 85+ population in York will have increased by 27% from 2020.</p> <p>According to JSNA The life expectancy for females is 83.6 and males 79.9, with healthy life expectancy 66.4 and 65.8 respectively.</p> <p><b>Mitigation:</b></p> <p>According to Health York.org People in York can expect to be in good health until 77 years old. In the final years of life, an average person might have 1-2 years where they have 'high care</p>	Positive	High

	<p>needs' i.e. help getting dressed and another year with 'medium care needs' i.e. daily help preparing meals</p> <p>York is already part of the UK Network of Age Friendly Communities. Age Friendly York will:</p> <ul style="list-style-type: none"> <li>• enable people to live healthy and active lives</li> <li>• encourage communities to treat people with respect, regardless of their age</li> </ul> <p>CYC are focusing on aspects of living in York as an older person, including:</p> <ul style="list-style-type: none"> <li>• getting out and about</li> <li>• their time</li> <li>• access to information</li> <li>• their service</li> <li>• their home</li> </ul> <p>The All Age Commissioning Team will monitor the performance of the contracts against the requirements set out within it.</p> <p>All services commissioned by CYC are available to residents of York under the individual service criteria. Residents may be signposted to a range of preventative and intervention services, and these can be found on the Live Well York site that can be accessed <a href="https://www.livewellyork.co.uk/">https://www.livewellyork.co.uk/</a></p>		
<p><b>Disability</b></p>	<p><b>Impact Identified</b></p> <p>As individuals age there can be an increase in people living with multiple long-term conditions (multimorbidity)</p> <p><b>Supporting evidence</b></p> <p>The way that social care is organised and delivered can be a critical factor in disabled people being able to exercise their human rights over a large proportion of their adult lives. Independence is a fundamental human rights principle which underpins other human rights. The Joint Committee on Human Rights report on the rights of disabled people to independent Living (2012) reaffirms the importance of independent living principles for all disabled people.</p>	<p><b>Positive</b></p>	<p><b>Medium</b></p>

	<p>Information and guidance about the services must be available in different formats to enable older people to fully understand what is available to support them and be active members in their communities.</p> <p>Evidence below demonstrates that we have a population that has a variety of disabilities, and each person is an individual with their own needs.</p> <ul style="list-style-type: none"> <li>• Total population York: 211,012</li> <li>• Proportion that are from BAME communities: 6% - lower than the national average.</li> <li>• Proportion of people with “bad” or “very bad” health: 4.10% - better than the national average.</li> <li>• Proportion of people with a long-term health condition or disability: 15% - similar to the national average</li> </ul> <p>Work on population health management has looked at the issue of people who live with multiple long-term conditions (multimorbidity):</p> <ul style="list-style-type: none"> <li>• 10.7% of the York practice population have multimorbidity; this represents 24,124 people.</li> <li>• 4.6% have 3+ conditions, 2% have 4+ conditions, 0.8% 5+ conditions, 0.3% 6+ conditions</li> <li>• 13.8% of the multi-morbid population is under the age of 65</li> <li>• There is a strong link to deprivation with people from more deprived backgrounds having twice the rate of multimorbidity across all ages</li> <li>• 2.7% of the population have a physical and mental health comorbidity</li> <li>• Number of proportion of people with disabilities in Yorkshire and The Humber (18.9%, 1.0 million).</li> </ul> <p>It is well-recognised that people with a learning disability or a severe mental illness suffer poorer health outcomes, for instance with a 10 year (Severe Mentally Impaired) and an 18-year (Learning Disability) lower life expectancy than the England average.</p> <p>Health checks are offered to people aged 40 – 74 to identify early risk factors for common preventable health conditions. Health checks should be offered on a five-year cycle. Health checks in York are available to anyone who is eligible under the national criteria, however those</p>		
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	<p>who are likely to get the greatest benefit from a health check are currently being targeted. That is those who belong to one or more of:</p> <ul style="list-style-type: none"> <li>• are living in areas of deprivation</li> <li>• are overweight or obese, current smokers or</li> <li>• have a mental health condition such as depression or anxiety.</li> </ul> <p>According to MHA Around 4 million older people (40% of people aged 65 and over) have a limiting long-term illness or disability, and it is estimated that this will rise to over 6 million older people by 2030.</p> <p>According to CQC, disabled people under 65 may use social care for long periods – even for the whole of their lives, whether they have a physical or sensory impairment, a learning disability or use mental health services.</p> <p>There are 794 people on a learning disability register in primary care in the city as of February 2021, and 2,040 people on a severe mental illness register (which means they have bipolar disorder, schizophrenia, or another psychosis). It is well-recognised that people with a learning disability or a severe mental illness suffer poorer health outcomes, for instance with a 10 year (SMI) and an 18-year (LD) lower life expectancy than the England average.</p> <p>The National Autistic Society (NAS) has reported a 61% increase in the autism since 2005.</p> <p>The way that social care is organised and delivered can be a critical factor in disabled people being able to exercise their human rights over a large proportion of their adult lives. Independence is a fundamental human rights principle which underpins other human rights. The Joint Committee on Human Rights report on the rights of disabled people to independent Living (2012) reaffirms the importance of independent living principles for all disabled people, including those in residential care.</p> <p><b>Mitigation:</b></p> <p>To ensure both new services comply with equalities legislation, where it is lawful and appropriate to do so, CYC will ensure the equality objectives are followed:</p>		
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	<ul style="list-style-type: none"> <li>• work towards eliminating discrimination, victimisation, and harassment, ensuring that everyone receives equal consideration when using or seeking to use our services</li> <li>• develop effective monitoring procedures and analyse the information obtained to provide a basis for elimination of direct and indirect discrimination and promotion of equality of opportunity</li> </ul> <p>The All Age Commissioning Team will monitor the performance of the contracts against the requirements set out within it.</p> <p>The Council will comply with all relevant and forthcoming legislation, Equalities Act 2010, Human Rights Act 1998.</p> <p>All services commissioned by CYC are available to residents of York under the individual service criteria. Further information can be found on the Live Well York site that can be accessed <a href="https://www.livewellyork.co.uk/">https://www.livewellyork.co.uk/</a></p>		
<b>Gender</b>	<p><b>Impact Identified</b></p> <p>Women in York tend to live longer than males in York, a trend also seen nationally.</p> <p><b>Supporting Evidence</b></p> <p>York's JSNA tells us that in York, as well as nationally, life expectancy at 65 is steadily on the rise. The pattern for men and women is different. Women are expected to live an extra 21.4 years compared to men living an extra 18.9 years. Women have a higher life expectancy at 65 than their peers nationally, and this is rising at a similar rate to the national average. Men's life expectancy at 65 is approximately more in line with the national average.</p> <p>According to mid-year population estimates published by the ONS in 2019, males account for 48.2% of York's 201,672 population, while females made up 51.8% of the total.</p> <ul style="list-style-type: none"> <li>• Life expectancy: A gap between wards in York of 10.1 years (Male) and 7.9 years (Female).</li> </ul>	<b>Positive</b>	<b>Medium</b>



	<ul style="list-style-type: none"> <li>According to the NICE Intermediate care and reablement EIA 2023, The Health and Social Care Information Centre figures for 2012-13 shows that 60% of service users (of all ages) receiving community-based social care services are female. The guideline should consider gender issues relevant to service users and carers.</li> </ul> <p><b>Mitigation:</b></p> <p>The proposal will enable providers of services to focus on the current and future needs of residents. All services commissioned by CYC are available to residents of York under the individual service criteria. Residents may be signposted to a range of preventative and intervention services.</p> <p>Residents may be signposted to a range of preventative and intervention services, and these can be found on the Live Well York site that can be accessed <a href="https://www.livewellyork.co.uk/">https://www.livewellyork.co.uk/</a></p> <p>The Council will comply with all relevant and forthcoming legislation, Equalities Act 2010, Human Rights Act 1998.</p>		
<p><b>Gender Reassignment</b></p>	<p><b>Impact identified : As Above</b></p> <p>Sexual Orientation –there may be a lack of understanding LGBTQIA+ issues</p> <p>Difficulty of monitoring of Sexual Orientation</p> <p><b>Supporting Evidence:</b></p> <p>The service is open to both men and women regardless of any possible previous gender reassignment / and transgendered people. Specifications will state that a person that uses the homeless service must be treated with dignity and respect and receive person centred care. The Equalities Act 2010 identifies nine protected characteristics and Gender Reassignment if one of them. In York those with protected characteristics are known as <i>Community of Identity</i>.</p> <p>The Council’s Equalities Objectives:</p>	<p><b>Positive</b></p>	<p><b>Low</b></p>

	<ul style="list-style-type: none"> <li>• <i>Create opportunities for representatives of all sections of the community to participate in the work of the Council</i></li> <li>• <i>Make a commitment to fair recruitment and employment policies</i></li> </ul> <p>The Council's Equalities duties state: advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it for our customers and people who work within the Health and Social Care system.</p> <p>City of York Council plans to establish further system-level, collaborative networks, such as the LGBTQIA+. The network will improve the experience of working with CYC by raising awareness of LGBTQIA concerns across the council and in the community.</p> <p>CYC Workforce Development Unit- MyLo also offers LGBTQIA+, e-learning accessible for all ASC workforce the module will enable vulnerable individuals to feel respected, cared and dignified by our colleagues, team and customers.</p> <p><b>Mitigation</b> Monitoring of religion and sexual orientation are more difficult as individuals may not wish to disclose this information. For example, one view was that sexual orientation must be monitored to ensure that the Council and the provider have an understanding of the types of problems LGBTQIA+ clients are facing, this can also ensure that there is an understanding that CYC, ICB and the providers are LGBTQIA+ friendly. This may mean that residents are more likely to reveal their sexuality, which may be relevant to services offered.</p> <p>All services commissioned by CYC are available to residents of York under the individual service criteria. Further information can be found on the Live Well York site that can be accessed <a href="https://www.livewellyork.co.uk/">https://www.livewellyork.co.uk/</a></p> <p>The Council will comply with all relevant and forthcoming legislation, Equalities Act 2010, Human Rights Act 1998.</p>		
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<p><b>Marriage and civil partnership</b></p>	<p><b>Impact</b>  There will be those using the service how are married or in a civil partnership and this may mean they are also carers. We know that 7.7% of York's population are residents with carer responsibilities.</p> <p><b>Supporting Evidence</b>  In 2021, just over 4 in 10 people (41.3%) said they were married or in a registered civil partnership, compared with 44.3% in 2011. The percentage of adults who were never married or in a civil partnership in York increased from 38.6% to 42.8%.(Census, 2021).</p> <p>According to Care Found home care, the support of a professionally trained carer in the older persons home is a cost-effective way of helping couples remain together in their own home for as long as possible. Whatever the situation, elderly people almost always prefer to remain alongside their loved one in the comfort of their own home and continue to enjoy a loving relationship. Not only does this positively impact on individuals retain the emotional support of a husband or wife that we all grow to rely on, but importantly it also helps couples maintain their independence and sense of control to the greatest extent possible support can be provided on a long-term basis or for shorter respite periods, depending on the needs of each couple.</p> <p>In addition a survey of older people in York in 2017, asked:</p> <p><i>What things do you think are important in helping to increase peoples' independence, helping them to live in their own homes for longer?</i></p> <p>The most common response was <i>"More contact with friends and family"</i>, which was given by 53% of those surveyed. Other frequently-given responses (cited by between 44% and 49% of those surveyed) included <i>"Access to information on support and services"</i></p> <p>What keeps people independent responses from 2008 survey and 2017 survey:</p>	<p><b>Positive</b></p>	<p><b>Low</b></p>
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<b>Pregnancy and maternity</b>	<p><b>Mitigation</b> All services commissioned by CYC are available to residents of York under the individual service criteria. Further information can be found on the Live Well York site that can be accessed <a href="https://www.livewellyork.co.uk/">https://www.livewellyork.co.uk/</a></p> <p>The Council will comply with all relevant and forthcoming legislation, Equalities Act 2010, Human Rights Act 1998.</p> <p><b>Impact identified</b> These services are primarily for older people in York, however younger people may access the services.</p> <p><b>Supporting Evidence</b> Previously commissioned services have largely been accessed by individuals who are over 50.</p> <p><b>Mitigation</b></p>		<p><b>Neutral</b></p>	<p><b>Low</b></p>																								

	<p>Services should also be able to provide appropriate information and support to help with the issues younger may have. The new pathway will work towards ensuring that people have the support they need.</p> <p>All services commissioned by CYC are available to residents of York under the individual service criteria. Further information can be found on the Live Well York site that can be accessed <a href="https://www.livewellyork.co.uk/">https://www.livewellyork.co.uk/</a></p> <p>The Council will comply with all relevant and forthcoming legislation, Equalities Act 2010, Human Rights Act 1998.</p>		
<p><b>Race</b></p>	<p><b>Impact identified</b></p> <ul style="list-style-type: none"> <li>• Language Barrier can mean less likely to approach services or to receive good service provision.</li> <li>• Low BAME workforce representation</li> <li>• Health and wellbeing in BAME communities</li> </ul> <p><b>Supporting Evidence</b></p> <p>The city has become more culturally and religiously diverse with a Black and Minority Ethnic (BME) population of 9.8% (non-White British) compared to 4.9% in 2001.</p> <p>In 2021, 1.8% of York residents identified their ethnic group within the "Mixed or Multiple" category, up from 1.2% in 2011. The 0.6 percentage-point change was the largest increase among high-level ethnic groups in this area.</p> <p>In 2021, 92.8% of people in York identified their ethnic group within the "White" category (compared with 94.3% in 2011), while 3.8% identified their ethnic group within the "Asian, Asian British or Asian Welsh" category (compared with 3.4% the previous decade).</p> <p>The percentage of people who identified their ethnic group within the "Other" category ("Arab" or "Any other ethnic group") increased from 0.5% in 2011 to 1.0% in 2021.</p>	<p><b>Positive</b></p>	<p><b>Medium</b></p>

	<p>There are many factors that may be contributing to the changing ethnic composition of England and Wales, such as differing patterns of ageing, fertility, mortality, and migration. Changes may also be caused by differences in the way individuals chose to self-identify between censuses.</p> <p>The COVID-19 pandemic has continued to have a disproportionate impact on people from some ethnic minority ethnic backgrounds.</p> <p>Our survey of more than 4,000 people aged 65 and over who had used health or social care services recently shows that older people from ethnic minority backgrounds tend to use services less frequently (68% said they use them about once every 2 to 3 months or once in the last 6 months, compared with 58% of people from White British backgrounds.</p> <p>Language barriers can sometimes prevent professionals from effectively assessing and supporting people and their families. Good communication is key to relationships between professionals and service users. A lack of a common language presents a significant barrier to building trust. Consistent quality of translation needs to be maintained to build trust and understanding. Cultural beliefs also need to be considered, and health and social care workers may see patients relying on their family members and friends to act as interpreters. This can, however, present several problems.</p> <p><b>Mitigation</b></p> <ul style="list-style-type: none"> <li>• Provider will source interpreters where English is not their first language and provide information in designing multi-lingual leaflets.</li> <li>• The Council would provide links to Local Area Co-ordinators as they would share important Local information for local communities.</li> <li>• Ensure a professional approach that are trained in equalities awareness. The needs of staff training with regard to equalities and diversities is assessed as part of the annual staff appraisal process</li> <li>• Clear written policy of language and translation services ensuring that information is delivered quickly</li> <li>• All professional organisations have clear written policy for racial harassment.</li> </ul> <p>CYC has progressed in implementing the Race Equality Scheme to promote race equality within York. All services commissioned by CYC are available to residents of York under the individual service</p>		
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	<p>criteria. Residents may be signposted to a range of preventative and intervention services, and these can be found on the Live Well York site that can be accessed <a href="https://www.livewellyork.co.uk/">https://www.livewellyork.co.uk/</a></p> <p>All services commissioned by CYC are available to residents of York under the individual service criteria. Further information can be found on the Live Well York site that can be accessed <a href="https://www.livewellyork.co.uk/">https://www.livewellyork.co.uk/</a></p> <p>The Council will comply with all relevant and forthcoming legislation, Equalities Act 2010, Human Rights Act 1998.</p>		
<p><b>Religion and belief</b></p>	<p><b>Impact identified</b> Religious belief and lack of understanding of religious beliefs and therefore circumstances that may lead some residents not accessing support when needed.</p> <p><b>Supporting Evidence</b> In 2021, 46.1% of York residents reported having "No religion", making it the most common response in this local authority area (up from 30.1% in 2011). Because the census question about religious affiliation is voluntary and has varying response rates, caution is needed when comparing figures between different areas or between censuses.</p> <p>Cultural sensitivity plays an important role in the relationship between religion and healthcare. Many peoples' identities are informed by their race, culture, ethnicity, gender, or religion. When it comes to receiving medical care, many patients will make decisions based on their identity in some or all of these categories.</p> <p>In 2021, 43.9% of people in York described themselves as Christian (down from 59.5%), while 6.9% did not state their religion (down from 7.8% the decade before).</p> <p>There are many factors that can cause changes to the religious profile of an area, such as a changing age structure or residents relocating for work or education. Changes may also be caused by differences in the way individuals chose to self-identify between censuses. Religious</p>	<p><b>Positive</b></p>	<p><b>Low</b></p>

	<p>affiliation is the religion with which someone connects or identifies, rather than their beliefs or religious practice.</p> <p><b>Mitigation</b> All services commissioned by CYC are available to residents of York under the individual service criteria. Further information can be found on the Live Well York site that can be accessed <a href="https://www.livewellyork.co.uk/">https://www.livewellyork.co.uk/</a></p> <p>The Council will comply with all relevant and forthcoming legislation, Equalities Act 2010, Human Rights Act 1998.</p>		
<b>Sexual orientation</b>	<p><b>Impact identified</b> Impact identified as above</p> <p><b>Supporting evidence</b> No Data Available – the survey results had limited information provided about sexual orientation.</p> <p><b>Mitigation</b> All services commissioned by CYC are available to residents of York under the individual service criteria. Further information can be found on the Live Well York site that can be accessed <a href="https://www.livewellyork.co.uk/">https://www.livewellyork.co.uk/</a></p> <p>The Council will comply with all relevant and forthcoming legislation, Equalities Act 2010, Human Rights Act 1998.</p>	<b>Positive</b>	<b>Low</b>
<b>Other Socio-economic groups including :</b>	<b>Could other socio-economic groups be affected e.g. carers, ex-offenders, low incomes?</b>		
<b>Carer</b>	<p><b>Impact identified</b></p> <ul style="list-style-type: none"> <li>• Unpaid Carers</li> <li>• Adult carers</li> <li>• Young Adult Carers</li> </ul>	<b>Positive</b>	<b>High</b>



- Young Carers

**Supporting evidence**

We know that 7.7% of York's population are residents with carer responsibilities.

According to the Census 2021, females were statistically significantly more likely to provide unpaid care than males in every age group up to 75 to 79 years; however, from the age of 80 years onwards, males were statistically significantly more likely to provide unpaid care.

In both females and males, the older age groups provide the highest hours of unpaid care per week. In females, those aged between 75 to 79 years and in males, those aged between 85 to 89 years provided the highest percentage of 50 hours or more of care compared with all other age groups

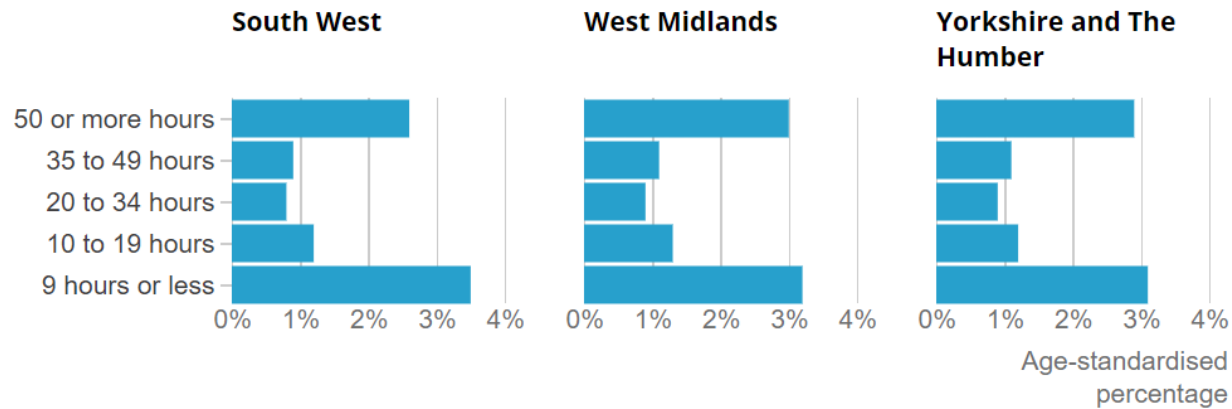


Figure 3 from the census 2021: region with the highest percentage of both unpaid carers, and unpaid carers providing 50 or more hours of care per week

In England, there was a higher percentage of unpaid carers in the most deprived areas. In addition, according to MHA Older people provide a large amount of volunteer time to support organisations across the UK. There were an estimated 360,792 care home residents from 1 March 2021 to 28 February 2022, occupying 77.8% of care home beds. Approximately 125,954

	<p>(34.9%) of care home residents were classified as self-funders, compared with 234,838 (65.1%) state-funded residents.</p> <p>In addition, according to MHA Older people provide a large amount of volunteer time to support organisations across the UK. There were an estimated 360,792 care home residents from 1 March 2021 to 28 February 2022, occupying 77.8% of care home beds.</p> <p><b>Mitigation</b></p> <p>The All Age Commissioning Team recognises the significance of unpaid carers to our health and social care system. The current Carers Strategy will enable identification of carers in the community to provide them ongoing support and to maintain their Health and wellbeing, more carers are involved in planning services.</p> <p>All services commissioned by CYC are available to residents of York under the individual service criteria. Residents may be signposted to a range of preventative and intervention services, and these can be found on the Live Well York site that can be accessed <a href="https://www.livewellyork.co.uk/">https://www.livewellyork.co.uk/</a></p> <p>The Council will comply with all relevant and forthcoming legislation, Equalities Act 2010, Human Rights Act 1998.</p>		
<p><b>Low income groups</b></p>	<p><b>Impact Identified</b></p> <ul style="list-style-type: none"> <li>• Fall in employment</li> <li>• Decrease in working hours</li> <li>• Debt and financial crises.</li> </ul> <p><b>Supporting Evidence</b></p> <p>Studies have repeatedly shown that older adults with lower socioeconomic status (including factors such as low income, living in deprived neighbourhoods, low educational level) are more likely to be lonely as they have fewer financial resources for initiating and maintaining social relationships. For example, club membership, transport costs, leisure activities etc.</p>	<p><b>Positive</b></p>	<p><b>High</b></p>

The Carers Trust in 2022 launched the results of their recent survey showing 1 in 7 unpaid carers are using foodbanks as a result of soaring living costs and 63% are worried about being able to afford paying bills.

<b>Cost of Living Crisis</b>	
Food and everyday shopping	Plus £134 increase in September 2022
Transport & fuel costs	+ 70% this year
Housing costs	+ int.rates & rents
Energy costs	+ int.rates & rents
Source of information: York cost of living summit	

The IMD (Indices of Multiple deprivation) report in York 2019 indicates:

Domain	2019	
	Rank (1=most deprived, 151=least)	York position v 151 UTLAs
Index of Multiple Deprivation	140	12th least deprived
Income Domain	140	12th least deprived
Employment Domain	139	13th least deprived
Education, Skills & Training Domain	115	37th least deprived
Health & Disability Domain	108	44th least deprived
Crime Domain	146	6th least deprived
Barriers to Housing & Services Domain	118	34th least deprived
Living Environment Deprivation	94	58th least deprived
Income Deprivation Affecting Children Index	139	13th least deprived
Income Deprivation Affecting Older People Index	135	17th least deprived

**Financial living crises and debt**

	<p><i>The Press</i> states cost of living crisis that debt issues in the UK are set to become dramatically worse over the current months, (July 2022) and maybe even years. Aryza’s new UK Debt Statistics report found York has ranked fourteenth with an average debt level of £18,144. According to <i>The Press</i> 2023, Citizens Advice Bureau, their close work with the mental health charities, GPs and hospitals explain that debt is a contributing factor for mental health issues and long term depression and anxiety. However, the cost of running CAY, professional and vital services is high, and there is a shortfall to fundraise to fill each year.</p> <p><i>According to Fiona McCulloch of York Citizens Advice debt is addressed as a stigma, and debt is especially prevalent amongst low paid workers, furloughed workers during the Covid, people on benefits, people with disabilities and BAME people. It is still a taboo subject, and we need to break this taboo and seek advice and support when needed.</i></p> <p><b>Mitigation</b> All services commissioned by CYC are available to residents of York under the individual service criteria. Further information can be found on the Live Well York site that can be accessed <a href="https://www.livewellyork.co.uk/">https://www.livewellyork.co.uk/</a></p> <p>The Council will comply with all relevant and forthcoming legislation, Equalities Act 2010, Human Rights Act 1998.</p>		
<p><b>Veterans, Armed Forces Community</b></p>	<p><b>Impact Identified</b> No Data Available</p> <p><b>Supporting Evidence</b> The City of York has signed the Armed Forces veteran’s covenant. It is an agreement that no one who has ever served in the Armed Forces, or their families, should be disadvantaged because of their service.</p> <p>In practice, this does not mean that Armed Forces personnel receive preferential treatment compared to other people, but that everyone agrees to work together to ensure that the Armed Forces community can access the same level of service as non-serving citizens</p> <p><b>Mitigation</b></p>	<p><b>Positive</b></p>	<p><b>Low</b></p>

	All services commissioned by CYC are available to residents of York under the individual service criteria. Residents may be signposted to a range of preventative and intervention services, and these can be found on the Live Well York site that can be accessed <a href="https://www.livewellyork.co.uk/">https://www.livewellyork.co.uk/</a>		
<b>Other</b>			
	<b>Impact on human rights:</b>		
List any human rights impacted.	<p>At the heart of human rights, is the concept of dignity. Dignity can include factors such as autonomy, social inclusion, justice, respect, independence, and privacy. The 3 most relevant Human Rights that need to be considered for both the services are:</p> <ul style="list-style-type: none"> <li>- Right not to be tortured or treated in an inhuman or degrading way</li> <li>- Right to respect for private and family life</li> <li>- Right not to be discriminated against</li> </ul> <p>People accessing two services; Advice &amp; Information Service and the Supporting Independence Service will have their human rights protected and people will be encouraged to exercise their human rights.</p> <ul style="list-style-type: none"> <li>- Commissioners and the Provider(s) will take an approach which respects a person's dignity, values, their right to choose and make decisions based on their personal needs and beliefs.</li> <li>- Service providers ensure equal access for all.</li> <li>- Provide assurances that staff are trained to understand the importance of human rights in the delivery of the service and ways in which they can support it. People should be able to discuss their preferences and make choices in how and when their care is delivered, breaking down any barriers in communication to enable this.</li> <li>- Relationship between the person receiving and those delivering support. A relationship centred on promoting human rights and ensuring that decisions are made together which helps individual lead a dignified and fulfilling life, free from discrimination and degrading treatment.</li> <li>- Where possible to have consistency of workers to enable a relationship to be built between the individual and the workers, and for progress to be properly monitored.</li> <li>- Staff are empowered to speak up about their training needs or impact of delivering the service.</li> </ul>	<b>Positive</b>	<b>Medium</b>

	<p>Ongoing reflection and feedback from users of the service to learn and improve Human Rights and Equalities Board. The City of York Council and the York Human Rights City Steering Group established the Human Rights and Equalities Board with a remit to:</p> <ul style="list-style-type: none"> <li>• provide strategic direction for the council's human rights and equalities work</li> <li>• tackle the issues raised within the York Human Rights City Indicator Report</li> </ul> <p>Any services being developed and put in place to provide person centred care must adhere to these principles.</p>		
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**Use the following guidance to inform your responses:**

Indicate:

- Where you think that the proposal could have a POSITIVE impact on any of the equality groups like promoting equality and equal opportunities or improving relations within equality groups
- Where you think that the proposal could have a NEGATIVE impact on any of the equality groups, i.e. it could disadvantage them
- Where you think that this proposal has a NEUTRAL effect on any of the equality groups listed below i.e. it has no effect currently on equality groups.

It is important to remember that a proposal may be highly relevant to one aspect of equality and not relevant to another.

<p><b>High impact</b> (The proposal or process is very equality relevant)</p>	<p>There is significant potential for or evidence of adverse impact The proposal is institution wide or public facing The proposal has consequences for or affects significant numbers of people The proposal has the potential to make a significant contribution to promoting equality and the exercise of human rights.</p>
<p><b>Medium impact</b> (The proposal or process is somewhat equality relevant)</p>	<p>There is some evidence to suggest potential for or evidence of adverse impact The proposal is institution wide or across services, but mainly internal The proposal has consequences for or affects some people The proposal has the potential to make a contribution to promoting equality and the exercise of human rights</p>
<p><b>Low impact</b> (The proposal or process might be equality relevant)</p>	<p>There is little evidence to suggest that the proposal could result in adverse impact The proposal operates in a limited way The proposal has consequences for or affects few people The proposal may have the potential to contribute to promoting equality and the exercise of human rights</p>

### Step 5 - Mitigating adverse impacts and maximising positive impacts

**5.1** Based on your findings, explain ways you plan to mitigate any unlawful prohibited conduct or unwanted adverse impact. Where positive impacts have been identified, what is been done to optimise opportunities to advance equality or foster good relations?

There will be no negative impact on the above groups and subsequent customers of the services. The impacts of any changes will be assessed at the time they are proposed; however, it is unlikely that any of these will have a negative impact.

The only negative impact may be the changes to current provision where there may be less service than previously provided in relation to community day services for older people which the Council previously subsidised through a different contractual arrangement.

The main initial change will be the change to the new service and way of working. There will be changes to some of the services in terms of delivery which may be through a new provider. Details of these changes will be set out as appropriate and further Equalities Impact Assessment will be considered as appropriate.

Solutions in the above EIA have been provided to provide reassurance that any impacts that we foresee will be minimised by the actions outlined in the EIA.

**Step 6 – Recommendations and conclusions of the assessment**

**6.1** Having considered the potential or actual impacts you should be in a position to make an informed judgement on what should be done. In all cases, document your reasoning that justifies your decision. There are four main options you can take:

- **No major change to the proposal** – the EIA demonstrates the proposal is robust. There is no potential for unlawful discrimination or adverse impact and you have taken all opportunities to advance equality and foster good relations, subject to continuing monitor and review.
  - **Adjust the proposal** – the EIA identifies potential problems or missed opportunities. This involves taking steps to remove any barriers, to better advance quality or to foster good relations.
  - **Continue with the proposal** (despite the potential for adverse impact) – you should clearly set out the justifications for doing this and how you believe the decision is compatible with our obligations under the duty
  - **Stop and remove the proposal** – if there are adverse effects that are not justified and cannot be mitigated, you should consider stopping the proposal altogether. If a proposal leads to unlawful discrimination it should be removed or changed.
- Important:** If there are any adverse impacts you cannot mitigate, please provide a compelling reason in the justification column.

Option selected	Conclusions/justification
Continue with the proposal	Overall, it is considered that the proposal will have a positive impact in creating fairer and more equitable community provision for the population of York. The Advice & Information Service and the Supporting Independence Service will have a positive impact for people living in York however it is acknowledged that funding contributions to these services has been reduced.



**Step 8 - Monitor, review and improve**

**8.1** How will the impact of your proposal be monitored and improved upon going forward? Consider how will you identify the impact of activities on protected characteristics and other marginalised groups going forward? How will any learning and enhancements be capitalised on and embedded?

In addition to a Council Commissioning Strategy which has been developed and will shape the direction of commissioned services, in line with the Council's Plan. Each contract will have Key Performance Indicators that will measure the outcomes with our providers included in the specifications.

The procurement of the new contracts should have no negative impact on the end recipient of services. Any future changes will be assessed at the time they are proposed; however, it is unlikely that any of these will have a negative impact.

**Step 7 – Summary of agreed actions resulting from the assessment**

**7.1** What action, by whom, will be undertaken as a result of the impact assessment.

Impact/issue	Action to be taken	Person responsible	Timescale

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<b>Call-in Request Form</b>	
This form must be completed and signed by THREE City of York Councillors and MUST be returned to Democratic Services within 5 working days of the decision being published (not including the day of publication).	
<b>Decision taker:</b>	Executive
<b>Date of publication of decision:</b>	10/10/24
<b>Title of Decision Called in:</b>	Community contracts to support early intervention and prevention in Adult Social Care (ASC)
<b>Date Decision Called in:</b>	17/10/24

	<b>REASONS FOR CALL-IN</b>	<b>Tick which reason applies</b>
1.	Decision contrary to the policy framework?	
2.	Decision contrary to or not wholly consistent with the budget?	x
3.	Decision is Key but it has not been dealt with in accordance with the Council's Constitution.	
4.	Decision does not follow principles of good decision-making set out in Article 7 of the Council's Constitution.	x
If reason 4, please tick which specific element of Article 7 the decision maker has not followed, did he or she not:		
a)	Meaningfully consider all alternatives and, where reasonably possible, consider the views of the public.	X
b)	Understand and keep to the legal requirements regulating their power to make decisions.	
c)	Take account of all relevant matters, both in general and specific, and ignore any irrelevant matters.	X
d)	Act wholly for proper purpose and/or in the interests of the public.	X
e)	Keep to the rules relating to local government finance.	
f)	Follow procedures correctly and be fair.	X
g)	Make sure they are properly authorised to make the decisions.	
h)	Take appropriate professional advice from Officers.	

<p><b>Detailed Reason(s) for Call-in.</b></p> <p><i>Please explain below why one of the reasons for call-in applies (e.g. for number 1- which major policy affected and how/why).</i></p> <p><b>PLEASE NOTE:</b> <i>If you wish to produce and rely on significant supplementary, external evidence in support of your reasons for this call-in it must be provided to Democratic Services prior to the publication of the agenda. It will not be permissible to introduce and rely upon evident at the meeting without it being subject to prior circulation unless by consent of the Chair.</i></p>
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2) ASC 05 saving agreed was “to remove duplication and to generate efficiencies in services” Agreements made are merely to end contracts that have reached the end of their commissioned period. No evidence of duplication or efficiency. For example, Independent Care Group funding unique service merely ended no duplicate provision and loss of service leads to further inefficiency in dealing with the care sector. **This element of the call-in is valid; whilst the paper was not intended to set out how the ASC 05 saving was being met overall, it could have included some explanation of how the proposal either removed duplication or generated efficiencies.**

4a(i) The paper has not set out all options and alternatives. Community Contracts total several million pounds and the saving agreed represents £275,000 this year. The only option presented is to either retender one version of a scaled back set of community contracts or not retender and lose all the services. There was no consideration of applying a 10% reduction in all contracts, cutting others more than the ones highlighted for cutting or not making the cut at all. These options should have been fully considered within the paper and presented to the Executive for discussion. Such decisions should have included an equality impact assessment of the effect of losing part of services or services in totality. **This element of the call-in is valid; whilst the suggested approach may be wholly impractical, that issue could have been explored in the report, even if it was to be discounted as a viable option.**

4a(ii) The report does not consider the views of the public making no reference to the significant issues raised around many services in particular the loss of Age UK Day Clubs including from our Member of Parliament. **This element of the call-in is invalid; comments in relation to an expired contract were not relevant to the proposed provisions outlined in the paper.**

4c) There was no reference in the paper to the totality of contracts within scope of the review. There is no mention in the paper of the carers contract which was included in the scope of the review. There was no reference to the York Mind contract, the Yorkshire Housing Limited contract or Community Links (Northern) Ltd contract in the paper the funding for which makes up the bulk of the saving. There was also no reference to the ASC 05 savings target which this paper is supposed to cover and the reason for the cuts to begin with. There is also no reference to the uplifts in the other contracts which some of the funding cut within the paper is being repurposed to fill those gaps in funding. There is also no reference to which ones of the community contracts will be extended beyond the March 2025 contract ends. Additionally, there is no mention within the paper what the breakdown of the costs of the short term contracted services (Advice, Information, shopping and befriending, and the Dementia Day Clubs) that have replaced the Age UK contract and whether or not the value of these are sufficiently covered by the funding approved. There is no analysis of what the existing provision is and subsequent comparison of the new service to allow an informed decision. Over £600k of contracts will end as a result of this decision and no analysis is made of the impact of the loss of these services and whether the mitigation within the new contracts is sufficient or correctly targeted. **This element of the call-in is valid; whilst the paper**

was not intended to set out how the ASC 05 saving was being met overall, it could have included some explanation of how the extant and proposed contracts would dovetail.

4d) The paper does not act in the interests of the public. The public is not served by cutting community contracts like Age UK's Day Clubs. **This element of the call-in is invalid; the paper considers service provision across the range of early intervention and prevention options; changed service provision means that the interests of the public are balanced and provided in an alternative way. Importantly, the public is not solely service users but also council tax payers who fund the service.**

4f) This paper is intended to deliver on the ASC 05 savings, the Executive should have made the decision on how they would deliver these savings as set out in a paper to Executive. Part of this saving was made when the Council made the decision to allow the Community Links (Northern) Ltd, Yorkshire Housing Limited and York Mind contracts to expire in January/March 2024. This is not the correct process for how the decision should have been made – they should all have come to the Executive so that the Executive could make a decision on all of the contracts in the whole, with detailed options appraisal and Equality Impact assessment for each service cut. **This element of the call-in is invalid; the mechanism of awarding contracts which are time-limited assumes that, unless a deliberate decision is taken to renew or reprocure those contracts, they will lapse at the end of the time limit. Once lapsed, those contracts cannot be considered as part of any future proposals. This element also fails to appreciate the separation of roles between the Executive and Officers; the former make the strategic decision as to what savings are to be delivered; the latter determine what steps are required in order to deliver those savings. It is not for Executive to determine the “how”, having determined the “what”.**

	Name (please print)	Signature ( <i>please note that signatures will not be published with the agenda. Electronic signature will be accepted</i> )	Date
1.	Cllr Carol Runciman	CAROL RUNCIMAN	17/10/24
2.	Cllr Christian Vassie	CHRISTIAN VASSIE	17/10/24
3.	Cllr Andrew Hollyer	ANDREW HOLLYER	17/10/24

**For office use only:**

Received on behalf of the Monitoring Officer by: (signature)

Name: Jane Meller

Date: 17/10/24

Time: 15:34

**Validation check (if necessary):**

Monitoring Officer ~~/ Chief Operating Officer~~

Valid: YES ~~/ NO~~ in part

Reason: The call-in raises some issues which require further clarification and information.

Completed by: 

Date: 18 October 2024

Time: 11:00